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Sakoongah
(A House of Peace & Tranquility)

Female Substance Abuse Treatment & Rehabilitation Center

A Project of Sunny Trust, Pakistan
Demographic of Pakistan

Current Population: Over 192 Million

50.8% male
49.2% female
Pakistan: Illicit Drug Use & Trafficking
Project Background & Rationale

Female Drug Problem in Pakistan

- 6.7 Million Drug Users
- 78% Male Drug Users
- 22% Female Drug Users

UNODC, 2013
### Prevalence of Drug Use By Gender

<table>
<thead>
<tr>
<th></th>
<th><strong>Men</strong></th>
<th></th>
<th><strong>Women</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Annual prevalence (95% CI)</strong></td>
<td><strong>Number</strong></td>
<td><strong>Annual prevalence (95% CI)</strong></td>
<td><strong>Number</strong></td>
</tr>
<tr>
<td><strong>Any illicit drug use</strong></td>
<td>9.0 (7.4-10.6)</td>
<td>5.2m</td>
<td>2.9 (2.5-3.7)</td>
<td>1.5m</td>
</tr>
<tr>
<td><strong>Injecting drug use</strong></td>
<td>0.7 (0.6-0.9)</td>
<td>423k</td>
<td>0.01 (0.001-0.4)</td>
<td>7k</td>
</tr>
</tbody>
</table>

*Prevalence estimates for individual drug categories (sum will not reflect above total due to poly-drug use)*

<table>
<thead>
<tr>
<th>Drug Category</th>
<th><strong>Men</strong></th>
<th></th>
<th><strong>Women</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cannabis (resin or herb)</strong></td>
<td>6.7 (5.9-7.6)</td>
<td>3.9m</td>
<td>0.2 (0.1-0.2)</td>
<td>100k</td>
</tr>
<tr>
<td><strong>Opioids</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td>3.4 (2.7-4.0)</td>
<td>1.9m</td>
<td>1.4 (1.3-2.1)</td>
<td>800k</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.5 (1.1-1.9)</td>
<td>845k</td>
<td>0.03 (0.001-0.3)</td>
<td>17k</td>
</tr>
<tr>
<td>Opium</td>
<td>0.6 (0.3-0.8)</td>
<td>315k</td>
<td>0.01 (0.001-0.3)</td>
<td>5k</td>
</tr>
<tr>
<td><strong>Prescription opioids</strong></td>
<td>1.6 (1.4-1.7)</td>
<td>890k</td>
<td>1.4 (1.2-1.6)</td>
<td>730k</td>
</tr>
<tr>
<td><strong>Tranquilisers/sedatives</strong></td>
<td>1.3 (0.9-1.6)</td>
<td>725k</td>
<td>1.5 (1.4-1.7)</td>
<td>817k</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td>0.01 (0.00-0.02)</td>
<td>13k</td>
<td>none detected</td>
<td></td>
</tr>
<tr>
<td><strong>Amphetamine-type substances</strong></td>
<td>0.1 (0.07-0.14)</td>
<td>44k</td>
<td>0.14 (0.1-0.2)</td>
<td>49k</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.1 (0.04-0.1)</td>
<td>27k</td>
<td>0.13 (0.1-0.2)</td>
<td>48k</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>0.03 (0.01-0.06)</td>
<td>18k</td>
<td>0.002 (0.00-0.1)</td>
<td>1k</td>
</tr>
<tr>
<td>Solvents/inhalants</td>
<td>0.06 (0.03-0.09)</td>
<td>35k</td>
<td>0.001 (0.00-0.004)</td>
<td>500</td>
</tr>
</tbody>
</table>

UNODC, 2013
Why Female Use Drugs?

A report by the Narcotics Control Division said this year that populations that had experienced stress, anxiety, and other difficult life experiences, including post-traumatic stress disorder, might be at a higher risk of painkiller, tranquilliser and sedative misuse. Unlike Pakistan, reports suggest, in many countries ATS is often used by women for weight loss.

A 2010 report by the United Nations Office of Drugs and Crime questioned the low prevalence of drug use in Pakistani women. It said unlike male drug users who congregated and used drugs with others, drug use was a discreet, hidden and more of an individual activity for females.
Psychological Factors Responsible For Drug Addiction

- Conflicts with Husband: 29%
- Pleasure: 21%
- Anxiety: 15%
- Frustration: 9%
- Unmet Needs: 8%
- Depression: 7%
- Curiosity: 5%
- Desire for Recognition: 5%
- Other: 1%
Economic Factors Responsible For Drug Addiction

- Unemployment: 48%
- Lack of Resources: 26%
- Affluence: 10%
- Poverty: 6%
- Others: 10%

Social Factors Responsible For Drug Addiction

- Matrimonial Stress: 1%
- Broken Family: 3%
- Peer Pressure: 8%
- Lack of Recreational Activities: 5%
- Fashion: 18%
- Environment: 28%
- Failure in Love: 9%
- Unresolved Conflicts: 15%
- Social Isolation: 5%
- Social Injustice: 8%

Women of “Substance”: Drug Addiction in Pakistan

Ayesha is 28 years old and is addicted to heroin. She was studying in class nine when she first tasted heroin in her village in Swabi. “My brother used to sell heroin. Once I stole a small amount of white powder and smoked it in a cigarette. Initially it felt very good, but then I would become restless if I didn’t get any. I was simply unable to stop,” recalls Ayesha, as tears roll down her face.

In 2004, when she was in her second year at college, her drug-addicted brother died of an overdose of heroin. It brought to an end the free supply of heroin that Ayesha used to obtain from her brother. So she decided to abandon home and head for Peshawar. It was the beginning of a life of hardship and misery. For the next eight years, she spent the streets of Peshawar looking for drugs, and lost the way to life.
Overall Treatment Capacity

Around 96 Drug Treatment & Rehabilitation Center

30,000 Annual Treatment Capacity

Male Oriented

No Female Specific Center

UNODC, 2013
Why not?

- Drug addiction is considered typically a male problem
- Female reluctance to seek help
  - Social stigma
  - Family reputation
  - Marital risks
  - Cultural constraints
- Exploitation by quacks, faith-healers, non-professionals
- Lack of expertise in female drug treatment

UNODC, 2013
Sunny Trust International
Need for Separate Female Facility: Sakoongah
Sakoongah

More than a Shelter

Focus on Whole Person Recovery (WPR)

Non Judgmental

Female Friendly Environment

Self Empowerment
Sakoongah Goals & Objectives

Short Term

- Enhancing female accessibility to treatment by breaking social, cultural and other barriers
- Targeting vulnerable female groups, e.g. students, youth, slum dwellers
- Providing female-friendly treatment & rehabilitation services
Sakoongah Goals & Objectives

**Long Term**

- Mainstreaming of female drug problem & promoting drug free Pakistan
Physical Infrastructure Development

- Land already purchased by STI on self support
- Initially 25-bed separate female residential facility
- Construction of the building – A Big Challenge
- Need financial support
Human Resource Development

- Core team comprised of existing pool of STI female staff
- Professional development of female staff
  - Training of female staff in GROW curriculum by Colombo – Plan
- Ongoing online interaction; sharing of US experience
Sakoongah Services

Continuum of Care

The whole range of services a client may receive directly from Skoongah or coordinated by the Skoongah.

Not In Care

Fully Engaged
### Four Parts of Continuum of Care

<table>
<thead>
<tr>
<th>Pretreatment</th>
<th>Primary Treatment</th>
<th>Case Management</th>
<th>Ongoing Recovery Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>Individual Counseling</td>
<td>Assessment</td>
<td>Follow up</td>
</tr>
<tr>
<td>Screening &amp; Brief Intervention</td>
<td>Group Counseling</td>
<td>Service Planning</td>
<td>AA / NA Group</td>
</tr>
<tr>
<td>Assessment &amp; Treatment Planning</td>
<td>Family Counseling</td>
<td>Linkage &amp; Referral</td>
<td>Employment Skills</td>
</tr>
<tr>
<td>Detoxification</td>
<td>Couple Counseling</td>
<td>Monitoring</td>
<td>Training</td>
</tr>
<tr>
<td></td>
<td>Relapse Prevention Training</td>
<td></td>
<td>Treatment of Co-occurring Mental Disorder &amp;</td>
</tr>
<tr>
<td></td>
<td>Life Skills Training</td>
<td></td>
<td>other physical problems</td>
</tr>
<tr>
<td></td>
<td>Orientation to Mutual Help Group</td>
<td></td>
<td>Educational &amp; Career Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Link with Spiritual Institution</td>
</tr>
</tbody>
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*Training Manual of The Colombo Plan, Sri Lanka*
Evidence-based Approaches

- Motivational Approaches
- Cognitive Behavioral Therapy
- Therapeutic Community
- Family Approaches
Case Management

Coordination of professional, social, and medical services to assist females with complex needs.

- Child Care
- Housing / Financial Assistance
- Legal Aid
- Vocational Training
- HIV AIDS and other medical testing & care
- Community Support
# Challenges & Proposed Solutions

<table>
<thead>
<tr>
<th>Challenges We May Encounter</th>
<th>Proposed Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funding.</td>
<td>Approaching multiple donor agencies.</td>
</tr>
<tr>
<td></td>
<td>Involving NGOs working for women empowerment.</td>
</tr>
<tr>
<td>Reaching to women (resistance by the clients, families, and communities etc.).</td>
<td>Strong outreach, engaging community leaders / elders, involvement, peers involvement.</td>
</tr>
<tr>
<td>Complexity of problems associated with female substance use like child care, legal services, transportation etc.</td>
<td>Promoting sense of responsibility and enhancing family support.</td>
</tr>
<tr>
<td></td>
<td>Strong case management &amp; referral.</td>
</tr>
<tr>
<td>Government policies affecting non-profit sector.</td>
<td>Involving government, sharing progress, policy advocacy.</td>
</tr>
<tr>
<td>Shortage of staff</td>
<td>Involving group of volunteers and hiring psychology internees.</td>
</tr>
</tbody>
</table>
What we started is continued...

- 15 years old young girl
- Cannabis abuse
- Gender Identity Disorder
- One patient female ward
It Takes Someone Strong
To Make Someone Strong

THANK YOU VERY MUCH

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