PROCEEDING OF THE SEMINAR REGARDING "PATHWAYS TOWARD EMPOWERMENT -OVERCOMING ADDICTION TOGETHER" AND THIER RECOMMENDATIONS

IN ALIGNEMT WITH

WORLD

Addiction Day 2025

ORGANIZED BY

SINDH MENTAL HEALTH AUTHORITY
IN COLLABORATION WITH
INSTITUTE OF PROFESSIONAL PSYCHOLOGY,
BAHRIA UNIVERSITY

25 June, 2025

Seminar on "Pathways toward Empowerment -
Overcoming Addiction Together"

Speakers and Participants:

Guest Speakers:

1. Senator Dr. Karim Ahmed Khawaja, Chairman SMHA
2. Rear Admiral (Retr.) Muhammad Zubair Shafique, Director General, Bahria University Karachi Campus.
3. Dr. Kiran Bashir Ahmad (Director/Principal) Institute of Professional Psychology
4. Dr. Fareeha Kanwal (Head of Department, Institute of Professional Psychology)
5. Prof. Dr. Raza ur Rehman (Dean of the Faculty of Health and Medical Sciences, Hamdard University)
6. Prof. Dr. Farah Iqbal (Department of Psychology, University of Karachi)
7. Dr. Kheenpal Das (Assistant Professor, Dow University of Health Sciences)
8. Dr. Zaib-un-nisa (Assistant Professor, JPMC/International Addiction Professional)
9. Dr. Tariq Arain (Assistant Professor, Dow University of Health Sciences)
10. Dr. M. Ilyas Jat (Assistant Professor, Dow University of Health Sciences/ IBS)
11. Dr. Nooreen Begum (Senior Clinical Psychologist, MATRC, Anti Narcotics Force Hospital, Sindh)
12. Dr Barerah Siddiqui (Assistant Professor, Institute of Professional Psychology)
13. Hafsa Riaz (Alumna, Institute of Professional Psychology, Bahria University)
14. Pof. Dr. Tahira Yousuf, (Professor at Institute of Professional Psychology)
15. Ms. Shabanm Arshi (Assistant Professor, Institute of Professional Psychology)

Participants:

1. Dr. Syed Zafar Mehdi, Secretary SMHA
2. Advocate Riaz Hussain Baloch, Principal SZAB Law College Malir
3. Dr. Suresh Kumar, Ex-Secretary Health
4. Dr. Jaipal Chhapria
5. Dr. Ayoub Baloch
6. Mr. Jannat Hussain
7. Mr. Muhammad Irshad, Director SMHA
8. Mr. Majid Khan Solangi, SMHA
9. Mr. Muhammad Faisal, SMHA

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Executive Summary

The Seminar "Pathways toward Empowerment - Overcoming Addiction Together" was a collaborative effort between the Institute of Professional Psychology, Bahria University (IPP-BU), and the Sindh Mental Health Authority (SMHA). Held on June 25, 2025, at the Al-Beruni Auditorium, Bahria University Karachi Campus, the seminar's theme was "Breaking the Chains: Prevention, Treatment & Recovery for All!" in alignment with World Drug Day 2025. Dr. Fareeha Kanwal served as the Master of Ceremony, and Dr. Tooba Farooqi as the Seminar Coordinator. It featured a distinguished lineup of speakers who covered a wide array of topics related to addiction.

The program commenced with an opening address by **Senator Dr. Karim Ahmed Khawaja**, who set the stage by discussing the broader aspects of addiction management and recovery. Following this, **Prof. Dr. Farah Iqbal** from the Department of Psychology, University of Karachi, delivered a foundational session titled "Choose to Refuse, Be Smart, Don't Start- drug Addiction is a Grave Mistake," emphasizing the importance of prevention. The seminar then delved into specific substance addictions: **Dr. Kheenpal Das**, an Assistant Professor at Dow University of Health Sciences, provided insights into "Opiates: Addiction Pathways and Intervention Strategies." This was followed by **Dr. Zaib-un-Nisa**, an Assistant Professor at JPMC and an International Addiction Professional, who addressed "Heroin and Cocaine: Risk Management and Public Health Response." The discussion on illicit substances continued with **Dr. Tariq Arain**, also an Assistant Professor at Dow University of Health Sciences, who shed light on "Synthetic Stimulants (Ice, Ecstasy, LSD): Emerging Trends in the Pakistani Context," highlighting the evolving challenges in the region.

Beyond illicit drugs, the seminar also tackled culturally specific and widely used substances. **Prof. Dr. Raza ur Rehman**, Dean of the Faculty of Health and Medical Sciences at Hamdard University, explored the complex relationship between "Paan and Gutka: Cultural Practices vs. Health Risks." Subsequently, **Dr. Muhammad Ilyas Jat**, an Assistant Professor at Dow University of Health Sciences/IBS, offered "Alcohol Use and Abuse: Medical and Social Perspectives." The scope of addiction was further broadened by **Dr. Fareeha Kanwal**, Head of Department at the Institute of Professional Psychology, Bahria University, who presented on "Digital Addiction and Detox: Navigating Our Screen-Driven Age," addressing the growing concerns of technology dependence.

The seminar also provided a crucial local context and highlighted assessment advancements. **Dr. Nooreen Begum**, Senior Clinical Psychologist at MATRC, Anti-Narcotics Force Hospital, Sindh, shared "A Local Perspective on Drug Use Trends," offering valuable regional data. This was complemented by a showcase from **Dr. Barerah Siddiqui**, Assistant Professor, and **Ms. Hafsa Riaz**, an alumna of the Institute of Professional Psychology, Bahria University, who presented on the "Psychological Assessment Showcase - Translation and Adaptation at IPP of the Drug Use Identification Test (DUDIT) - Urdu Version," emphasizing the development of culturally relevant assessment tools. Finally, the practical aspects of intervention were covered by **Dr. Kiran Bashir Ahmad**, Director/Principal, **Dr. Tahira Yousuf,** Professor and **Ms. Shabnam Arshi**, Assistant Professor at the Institute of Professional Psychology, Bahria University, who discussed "Counseling and Psychotherapy for Addictive Behaviors," providing insights into therapeutic approaches.

A Message from Senator Dr. Karim Ahmed Khawaja: A Call for Strategic Policy and Collaboration

Substance use disorder is a pervasive threat that erodes the fabric of societies worldwide. In Pakistan, this issue has reached a critical juncture, and has affected millions and posing a significant barrier to our nation's progress and potential. While the global community grapples with the complexities of fentanyl and the opioid crisis, we in Pakistan must address our own set of challenges, from the growing use of synthetic stimulants like "Ice" among the youth to the persistent grip of traditional substances. This is not a challenge that can be met with half-measures; it requires a coordinated, strategic, and national response.

My message is a call to action for every stakeholder—from the legislature to the local clinic. We must move beyond fragmented efforts and work toward a unified national strategy. This begins with robust policymaking that acknowledges addiction as a public health issue, not just a criminal one. It means allocating sufficient resources for prevention, treatment, and rehabilitation, and ensuring these services are accessible to all, regardless of their socio-economic status. We must also invest in comprehensive research to understand the specific local trends and drivers of addiction in Pakistan, such as the gateway role of certain substances and the high-risk modes of administration.

Furthermore, a culture of collaboration is non-negotiable. The government, educational institutions, mental health authorities, and non-governmental organizations must form a cohesive front to combat this issue. We need to launch nationwide awareness campaigns that are culturally sensitive and effective, reaching every corner of the country. By aligning our efforts, sharing data, and supporting innovative solutions like the translation and adaptation of assessment tools, we can build a resilient system that not only helps those currently suffering but also prevents future generations from falling into the cycle of addiction. The future of Pakistan depends on our ability to address this issue with the urgency and resolve it deserves.

A Message from Dr. Kiran Bashir Ahmad: Overview of Counseling, Psychotherapeutic Approaches, and Community Engagement in Dealing with Addictive Behaviors

Addiction is a mindset and not just a behavior. The talk by the speaker reflected in detail, coping strategies as well as the myths versus facts of addiction prevalent in society, highlighting how widespread misconceptions shape public perception in Pakistan. One of the most prevalent myths discussed was the belief that addiction is merely a bad habit—something that can be overcome solely through love, care, and nurturance from primary caregivers. This notion often leads to the unfair assumption that, if recovery does not occur, it reflects a flaw in the parenting of the individual. In such cases, the responsibility is misplaced entirely on the parents, rather than acknowledging the role of the adult engaging in addictive behaviors.

Another common misconception discussed was that recovery is only possible through admission to a rehabilitation center. This belief keeps many individuals from seeking help, particularly when parents resist sending teenage or adult offspring away for treatment due to fears of stigma, societal judgment, and the perception that doing so signals a failure in their parenting. In Pakistani culture, such an action is also viewed as a break in the collective family bond, further discouraging treatment-seeking behavior.

The modern understanding of addiction and its management departs sharply from these myths. Addiction is now recognized as a chronic, relapsing brain condition influenced by physical, neurological, psychological, and social factors—not just a mindset or moral weakness. Importantly, treatment does not have to be confined to inpatient rehabilitation centers. Recovery can be achieved through outpatient and community-based means, including holistic and naturalistic approaches that complement established psychiatric interventions.

Modern treatment pathways now encompass a range of therapeutic modalities—individual therapy, group therapy, and integrated inpatient or outpatient programs—tailored to meet individual needs and preferences. These interventions rely on the coordinated efforts of a multidisciplinary team, including psychiatrists, psychologists, and social workers, emphasizing that recovery is a holistic process rather than the prerogative of any single practitioner.

As part of the session, an overview of psychotherapeutic approaches was presented to increase awareness of the breadth of evidence-based practices available worldwide. These range from purely supportive interventions to re-educative and reconstructive therapies. While each has its place, empirical evidence strongly supports re-educative approaches as highly effective in reducing relapse and promoting long-term recovery among individuals with addictive disorders.

However, clinical interventions alone are insufficient. In Pakistan's socio-cultural context, unique barriers persist—limited awareness, entrenched stigma, and scarce access to trained professionals. Addressing these challenges requires engaging directly with communities, building strong networks of trained providers, and implementing targeted outreach programs that address local patterns of substance use, including common and more exclusive substances ranging from paan and gutka to class A substances.

It must be understood that true change in society governed by stigma and social mistrust must be created at the grassroots level and this can only be achieved by creating a healthcare alliance between educators, clinicians, policymakers, and community leaders, it is possible to create an environment where recovery is not merely a hope, but a realistic and supported outcome for all. It is imperative that policy makers take an informed stand in bridging the healthcare gap between the psychotherapeutic approaches practiced by consultant clinical psychologists and the neurological / psychopharmacological care managed by psychiatrists in order to achieve harmony in practice.

A Message from Dr. Tooba Farooqi: Building a Web of Support

As the coordinator for "Pathways toward Empowerment," it's been truly inspiring to see so many dedicated individuals come together to confront the challenge of substance use disorder. This isn't just some abstract problem; it's a deeply personal struggle for countless families, both worldwide and right here in Pakistan. While we've heard vital discussions on clinical treatments and policy changes, understanding that addiction isn't just about drugs or the person using them. It's about the entire tapestry of life, their social connections, their financial stability, their cultural background, and even the simple joys or stresses of daily living. To truly help, we have to look at the whole picture, not just the pieces.

Thinking about our local context in Pakistan, this means recognizing how things like joblessness, a lack of safe places for recreation, or even the weakening of our traditional family bonds can leave people vulnerable. So, our work can't stop at the clinic door. We need to weave a stronger safety net within our communities. This involves making sure everyone understands mental health better, integrating prevention talks into our schools, and empowering local leaders to champion initiatives that keep our neighborhoods healthy and vibrant. When we create spaces where people feel valued, connected, and have a sense of purpose, we build a natural defense against addiction. And that's where events like this seminar become so incredibly important. They're not just about sharing knowledge; they're about bringing all these different threads together including experts, community members, and policymakers to start building that collective web of support, ensuring that empowerment and recovery are within reach for everyone.

1. Choose to Refuse, Be Smart, Don't Start- drug Addiction is a Grave Mistake

Speaker: Prof. Dr. Farah Iqbal
(Department of Psychology, University of Karachi)

Prof. Dr. Farah Iqbal from the Department of Psychology, University of Karachi, provided a comprehensive overview of drug addiction, its underlying factors, emerging trends like vaping, and the global and local statistics on drug abuse. Her presentation defines addiction as a state of psychological and/or physical dependence characterized by compulsive seeking and use despite adverse consequences, encompassing both substance and behavioral addictions.

Her presentation explored the factors contributing to addiction, including genetics, mental illness, home and social environment, stress, and trauma/abuse. It highlights how biology, environment, drugs, and brain mechanisms interact to lead to addiction.

A significant portion is dedicated to the emerging increase in vaping among youth and Sheesha (Huqqa), detailing its mental health side-effects (elevated emotions, concentration issues, decreased judgment, nicotine dependence, anxiety, restlessness, irritability, insomnia, depression, mood swings) and physical side-effects (heart rate increase, arterial stiffness, reduced fertility, lung damage, mouth sores, vomiting, stroke, cancer, tooth decay, stomach ulcer).

Her presentation presented global statistics, noting that overdose deaths remain a leading cause of death for Americans aged 18-44, with the U.S. having the highest overdose death rate worldwide. It emphasizes the increasing complexity of the opioid crisis due to the adulteration of synthetic opioids like fentanyl with veterinary sedatives (xylazine, medetomidine), leading to more dangerous and harder-to-reverse overdoses. The adulteration of methamphetamine and cocaine with fentanyl is also highlighted as a growing risk.

Locally, National Drug Use Survey Pakistan 2022-24, was also cited revealing that approximately 6% of the population (6.7 million people) used substances other than alcohol and tobacco in the preceding year. It further states that Pakistan has 7.6 million drug addicts, with 78% male and 22% female, and the number increasing by 40,000 per year, making Pakistan one of the most drug-affected countries. Finally, the presentation offers advice on how to help someone with drug addiction, emphasizing non-judgmental support and self-education.

Conclusion: Drug addiction is a complex and pervasive global issue with significant biological, psychological, and environmental roots. The rise of new trends like vaping among youth and the dangerous adulteration of illicit drugs with potent synthetics like fentanyl are exacerbating the crisis,

leading to increased health risks and overdose deaths. Pakistan faces a severe drug abuse problem, with millions affected and a rapidly increasing number of addicts, indicating insufficient efforts to contain the issue. Effective intervention requires a nuanced understanding of addiction, compassionate support for affected individuals, and robust public health strategies.

2. *Opiates: Addiction Pathways and Intervention Strategies*

Speaker: Dr. Kheenpal Das
Assistant Professor, Dow University of Health Sciences)

Opioid addiction stands as a critical global and national public health challenge, acutely affecting Pakistan. The UNODC 2021 report highlights that globally, 275 million people use drugs, with 36 million suffering from drug use disorders. In Pakistan, a staggering 6.7 million people are drug users, including 800,000 heroin and 320,000 opium users. A particularly worrying trend is the escalating misuse of prescription opioids like tramadol and codeine, especially among the youth across all provinces (Punjab, Sindh, KP, Balochistan).

Understanding Opioids: Opioids are psychoactive substances that interact with the brain's central nervous system, specifically opioid receptors, to alleviate pain and induce euphoria. This class includes:

- Natural: Opium (Afeem)
- Semi-synthetic: Heroin (Safaid Powder)
- Synthetic: Fentanyl, Tramadol (Tramol), Codeine These substances are consumed via smoking, oral intake, or intravenous injection, with each method carrying distinct risks.

The Human Cost: Sarim's Journey to Recovery: The presentation powerfully illustrated the human impact of opioid addiction through the case of Sarim, a 27-year-old engineering student. His initial recreational use of opioids rapidly escalated to daily intravenous heroin use, leading to:

- Life Derailment: Dropping out of college, social isolation, and resorting to theft to sustain his addiction.
- Severe Health Issues: Needle marks, frequent infections, and a life-threatening episode of sepsis. His turning point came after a near-fatal overdose, where he was revived by naloxone. This incident, combined with his mother's intervention, led him into a comprehensive rehabilitation program. Sarim's recovery involved Medication-Assisted Treatment (MAT), therapy, and significant lifestyle changes. He has now been drug-free for over two years and shares his story to inspire others.

Key Takeaways and Intervention Strategies: Sarim's story underscores crucial messages for combating the opioid crisis:

- Addiction is a Treatable Medical Condition: It is not a moral failing, and recovery is achievable.
- Early Detection and Family Support are Vital: Timely intervention and a strong support system can transform lives.
- Evidence-Based Interventions Work: Comprehensive programs incorporating MAT and therapy are effective.
- Harm Reduction Saves Lives: Strategies like naloxone distribution and needle exchange programs are essential in preventing overdose deaths.

Conclusion: Addressing the opioid addiction crisis demands a multifaceted and integrated approach. This must encompass medical interventions, social support, and appropriate legal frameworks. The ultimate goal is to support individuals struggling with addiction, reduce the pervasive stigma associated with drug use, and build healthier, more resilient communities.

3. *Heroin and Cocaine: Risk Management and Public Health Response*

Speaker: Dr. Zaib-un-Nisa
(Assistant Professor, JPMC/International Addiction Professional)

In Pakistan, approximately 1.06 million people (1% of those aged 15–64) use opiates regularly. Heroin, commonly known as smack, black tar, dope, and China white, is typically injected, snorted, smoked, or inhaled. Short-term effects include euphoria, sedation, and slowed breathing. Long-term use can lead to addiction, infections, organ damage, and mental health issues.

Cocaine, or crack, coke, snow, blow, is snorted, smoked, or injected. It causes a rapid high with increased energy but can lead to heart problems, strokes, seizures, and sudden death with long-term use.

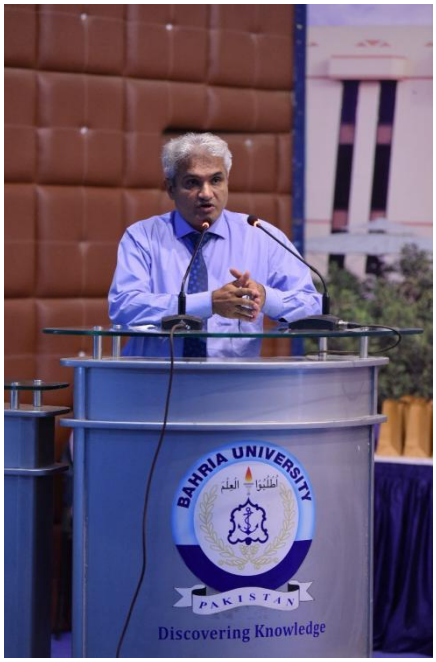
Harm reduction strategies include syringe exchange programs, medication-assisted treatment, overdose education, stigma reduction, community partnerships, data collection, and drop-in centers. However, access to these services remains very limited, especially in Khyber Pakhtunkhwa (93% without access), Balochistan (95%), and Punjab (only 14% with access).

Importantly, addiction is a brain disease, not a moral failing. These drugs hijack the brain's reward system, causing lasting changes and driving compulsive use. A strong public health response is essential to manage risks and support recovery.

4. *Synthetic Stimulants (Ice, Ecstasy, LSD): Emerging Trends in the Pakistani Context*

Speaker: Dr. Tariq Arain
Assistant Professor, Dow University of Health Sciences)

Pakistan is facing a growing issue with synthetic drug use, particularly among young people. Synthetic stimulants like Ice (Methamphetamine), Ecstasy (MDMA), and LSD are artificially produced drugs that mimic or amplify the effects of natural psychoactive substances. These drugs are often potent, have unpredictable compositions, and can lead to severe health issues.



The presentation "Synthetic Stimulants: An Emerging Trend in the Pakistani Context" by Dr. M. Tarique Arain highlights the alarming rise of synthetic drug use in Pakistan. The country's proximity to Afghanistan, porous borders, socioeconomic factors, lack of awareness, and inadequate enforcement contribute to the growing problem.

Synthetic drugs have severe consequences on Pakistani youth and society, including health issues, academic and professional decline, social breakdown, increased criminality, and a potential nexus with terrorism. Challenges in combating the issue include a lack of official statistics, the clandestine nature of the drug trade, and resource constraints.

To address the issue, the presentation recommends improving data collection and research, strengthening law enforcement, launching comprehensive awareness campaigns, and expanding treatment and rehabilitation facilities. It also emphasizes the importance of community engagement, international collaboration, and addressing the root causes of drug use.

The global context of synthetic drug use is also concerning, with 292 million people using drugs in 2022, a 20% increase over 10 years. The presentation concludes that fighting against drugs is fighting for the future, and that "Drugs are the enemies of ambition and hope."

5. *Paan and Gutka: Cultural Practices vs. Health Risks*

Speaker: Prof. Dr. Raza ur Rehman
(Dean of the Faculty of Health and Medical Sciences, Hamdard University)

Pan, **Gutka**, and **Naswar** are a form of smokeless tobaccos (SLTs). According to WHO tobacco is the single most preventable cause of death. But international agencies focus more on eliminating cigarettes than tobacco while smokeless tobaccos constitute one-third of tobacco consumption in South Asia. Furthermore, there is no regulation on the manufacturing & sales of SLTs in Low- & Middle-Income Countries rather the purchase of SLTs is supported with misconceptions that it is less hazardous or even having medical benefits prevail.

- **Pan** contains Betel Leaf with Areca Nut & Tobacco. It came to this area with immigrants after partition in 1947.
- **Gutka** consisted of roasted, chopped tobacco, areca nut, slaked lime & catechu mixed with flavours & sweeteners. It is a cheaper, ready-made alternative to pan introduced after fall of east Pakistan in 1971 when availability of pan was limited. It is popular among youth and lower socioeconomic groups due to easy access and affordability.
- **Naswar** contain tobacco, flavouring agents e.g. cardamom, menthol), colouring agents (indigo) & lime**):** Common in Khyber Pakhtunkhwa, Balochistan, and tribal areas. Often placed in the cheek or under the lip

  According to one study the prevalence of NST use in Karachi is as follows Paan 7.3% including Chalia 6.7%, Gutka 7.5%, Naswar 14.6%, Betel 20% & Chewed tobacco 17%

Cultural Context

In Pakistan, NSTs are widely consumed substances deeply rooted in cultural traditions, particularly in urban areas and rural communities. While often associated with hospitality, social bonding, or stress relief, these products pose serious public health concerns. They are often seen as a way to relieve stress, improve mood, or as a social custom. This acceptance & normalization of these products masks the serious health dangers associated with their use.

Health Risks

SLTs contain harmful substances including at least 28 carcinogens the prolonged exposure to carcinogens & irritants causing gum disease, cavities, submucous fibrosis & Leucoplakia (precancerous condition)

- **Oral Cancer:** Strongly linked with the use of betel nut, tobacco, and gutka. Pakistan ranks among countries with the highest incidence of oral cancers.

- **Periodontal Diseases & Tooth Loss:** Chronic use damages gums and teeth, leading to severe infections and submucous fibrosis & Leucoplakia
- **Addiction & Mental Health:** Nicotine and arecoline (from areca nut) lead to dependency and withdrawal symptoms.
- **Gastrointestinal Disorders:** Linked to esophageal and stomach cancers. More than 28 carcinogens for causing oral oesophageal and pancreas cancer
- **Public Health Burden:** Increases healthcare costs, loss of productivity, and premature mortality.

Policy & Control Measures

- Partial bans on gutka and naswar exist but enforcement remains weak.
- Public awareness campaigns are minimal.
- Need for stringent regulation, taxation, and community-based interventions.

Conclusion

While pan, gutka, and naswar are part of cultural traditions, their use poses serious health risks. Addressing this issue effectively requires a balanced multifaceted approach that respect traditions while promoting health literacy and enforcing regulation.

6. *Alcohol Use and Abuse: Medical and Social Perspectives*

Speaker: Dr. Muhammad Ilyas Jat
(Assistant Professor, Dow University of Health Sciences/ IBS)

Introduction

- Alcohol is the world's second most used psychoactive drug (after caffeine), yet its harms are often underestimated.

Key Statistics

- Global Burden: 2.6 million annual deaths; 4.7% of global disease (WHO).
- In Pakistan: Rising liver disease cases linked to alcohol (DUHS, 2023).
- Youth Impact: 20% of road accidents involve drunk drivers under 30.

Medical Consequences

- Short-Term: Impaired judgment, accidents, alcohol poisoning.

- Long-Term:
    - Liver: Cirrhosis, hepatitis.
    - Heart: Hypertension, cardiomyopathy.
    - Mental Health: Depression, AUD, dementia.

Social & Economic Impact

- Families: Domestic violence, child neglect, financial instability.
- Workplace: Absenteeism, reduced productivity.
- Legal Issues: DUIs, public disorder, incarceration.

5. Debunking Myths

Myth	Fact
Alcohol is not addictive	Highly addictive with dependence
Beer or wine is safer than hard liquor	All standard drinks have similar alcohol content
Alcohol boosts confidence	It lowers inhibitions and increases risky behavior
Coffee or cold shower sobers you up	Only time reduces alcohol levels
Safe to drive after a few drinks	Even small amounts impair coordination
Alcohol helps with sleep	Disrupts sleep cycles and reduces quality
Good for the heart in moderation	No amount is entirely safe
High tolerance means better control	May indicate dependence
Alcoholism is a moral failure	A medical condition requiring treatment
Alcohol only affects the user	Families, society, and public safety are also harmed

Prevention & Solutions

- Policy: Tax increases, advertising bans, zero-tolerance DUI laws.
- Healthcare: Screening in clinics, counseling programs.
- Community: Peer support groups (e.g., AA), family education.

Call to Action

- Individuals: Track intake, avoid peer pressure.
- Doctors: Screen patients for AUD early.
- Government: Funds, rehab centers, law enforcement.

7. *Digital Addiction and Detox: Navigating Our Screen-Driven Age*

Speaker: Dr. Fareeha Kanwal
(Head of Department, Institute of Professional Psychology, Bahria University)

This presentation by Dr. Fareeha Kanwal addresses the growing issue of digital addiction in our screen-driven world. It highlights that adults spend over 7 hours daily on screens, with university students often exceeding 8-10 hours. The presentation defines digital addiction as compulsive device use interfering with daily life, characterized by preoccupation, withdrawal, tolerance, and negative life impact, noting that up to 25% of university students show problematic internet use.

The neurological mechanisms behind this addiction are explored, including dopamine release from notifications and likes, variable rewards reinforcing checking behavior, and engagement algorithms exploiting cognitive biases. Constant digital stimulation is shown to reduce brain capacity for sustained focus.

The impact of digital addiction on well-being is significant, affecting:

- **Mental Health:** Increased anxiety, depression, FOMO, social comparison, and low self-esteem.
- **Academic Performance:** Reduced concentration and lower grades (students distracted by phones score 20% lower).
- **Physical Health:** Sleep disruption (blue light inhibits melatonin by 30%), eye strain, headaches, and sedentary lifestyle issues.
- **Social Connection:** Decreased quality of real-world interactions and more superficial relationships.

The presentation advocates for "digital detox" as an intentional reduction in screen time to restore balance, improve mental clarity, reclaim time, and enhance overall well-being. It notes a growing trend, with 60% of Gen Z considering a digital detox.

Practical detox strategies include:

1. **Setting Boundaries:** Using app timers.
2. **Designating Tech-Free Zones:** Bedrooms, dining tables.
3. **Turning Off Notifications:** Reducing interruptions.
4. **Replacing Habits:** Substituting screen time with engaging activities.

5. **Scheduling Breaks:** Implementing regular "offline" periods.

Conclusion

Digital addiction is a pervasive and detrimental issue with significant negative impacts on mental, physical, academic, and social well-being. The neurological underpinnings of this addiction, driven by dopamine rewards and engagement algorithms, make it particularly challenging to overcome. However, intentional digital detox and mindful technology use offer a viable path to cultivating a healthier relationship with screens, leading to improved clarity, better sleep, stronger social bonds, increased productivity, and reduced stress. The key is not abstinence, but achieving a balanced integration of technology into life.

8. *A Local Perspective on Drug Use Trends*

Speaker: Dr. Nooreen Begum
(Senior Clinical Psychologist, MATRC, Anti-Narcotics Force Hospital, Sindh)

This presentation by Dr. Nooreen Begum from MATRC, Anti-Narcotics Force Hospital Sindh, provides a detailed local perspective on drug use trends across different demographics: children, adolescents, adult males, and women. It analyzes age distribution, types of drugs used, progression of drug use, and modes of administration within each group.

For children (N=90), ages 13-14 show the highest frequency of drug use. Ice (methamphetamine) and Cannabis are the most prevalent drugs, with Cannabis identified as the primary gateway drug. Foil-based administration is the most common method. Among adolescents (N=365), ages 15-17 are most affected. Methamphetamine (Ice) dominates drug use, though Cannabis is the primary drug for most, followed by Ice and Petrol. Foil-based consumption is alarmingly high.

Male adults (N=280) aged 20-25 show the highest frequency. Crystal meth and Opioids are the most prevalent drugs, and foil-based use is also alarmingly high for this group.

For women (N=218), ages 26-30 are most affected. Synthetic opioids and Heroin are major concerns, with Opium and Heroin being common primary drugs. High-risk injecting behaviors are a significant issue among women.

The presentation highlights a concerning trend of poly-drug use across all groups, with specific combinations varying by age and gender. An increase in the use of Methadone is also noted.

Conclusion

The data presented paints a grim picture of drug use in the local context, indicating a widespread problem affecting all age groups and genders, including a significant number of children. The prevalence of certain drugs like Ice, Cannabis, Crystal Meth, Opioids, and Synthetics, coupled with high-risk administration methods like foil-based smoking and injecting, suggests a severe public health crisis. Cannabis appears to be a consistent gateway drug, particularly for younger populations. The rising trend of poly-drug use further complicates treatment and prevention efforts.

9. Psychological Assessment Showcase - Translation and Adaptation at IPP of the Drug Use Identification Test (DUDIT - Urdu Version)

Speaker: Dr Barerah Siddiqui (Assistant Professor) and

Ms. Hafsa Riaz (Alumna, Institute of Professional Psychology, Bahria University)

This presentation by Hafsa Riaz focuses on the critical need for and the process of translating and culturally adapting the Drug Use Disorder Identification Test (DUDIT) into Urdu for use in Pakistan. The introduction highlights substance abuse as a growing global and national problem, with a significant linguistic barrier in Pakistan preventing a representative population, particularly substance users, from participating in vital research due to a lack of English proficiency.

The rationale for the study emphasizes filling a knowledge gap regarding the impact of drug addiction on well-being, the severity of drug dependence in Karachi's addicted population, and the involvement of risk/resiliency variables and antecedents of drug use. The ultimate goal is to generate data and knowledge for effective primary prevention strategies and policy initiatives. Given the scarcity of validated drug addiction assessment tools in Pakistan, adapting an internationally validated instrument like DUDIT is presented as the most practical solution.

The research objectives are twofold:

1. To translate and culturally adapt the DUDIT scale to increase its applicability and relevance in Pakistani culture.
2. To establish the psychometric properties of the newly translated and adapted Urdu version of DUDIT.

The presentation includes images of both the English and Urdu versions of the DUDIT scale, demonstrating the questions and response options, as well as lists of various drugs and medicines. This visual representation underscores the comprehensive nature of the DUDIT and the effort involved in its linguistic and cultural transformation.

Conclusion

The lack of culturally and linguistically appropriate assessment tools significantly hinders effective research, intervention, and policy development for drug use disorders in Pakistan. The initiative to translate and culturally adapt the DUDIT into Urdu is a crucial step towards addressing this gap. By making a validated instrument accessible to the majority Urdu-speaking population, particularly substance users, this research aims to provide a more accurate understanding of drug dependence severity, associated factors, and ultimately, facilitate the creation of more effective, locally relevant prevention and treatment strategies. Establishing the psychometric properties of the Urdu DUDIT will ensure its reliability and validity for clinical and research applications in Pakistan.

10. *Counseling and Psychotherapy for Addictive Behaviors*

Speaker: Dr. Kiran Bashir Ahmad (Director/Principal),
Dr. Tahira Yousuf (Professor) and
Ms. Shabnam Arshi (Assistant Professor)
(Institute of Professional Psychology, Bahria University)

Presenter shared findings of researched and clinical practice-based interventions for dealing with substance abuse disorder among Adolescence and Adults

Mindfulness-Based Cognitive Therapy: Research Findings
A quasi-experimental study was conducted to assess the efficacy of MBCT in individuals diagnosed with substance use disorder. The sample (N=40) included both male and female clients aged 18–40 years, purposively selected from a clinical setting. Participants were divided into an experimental group (n=20) and a control group (n=20). The intervention consisted of ten individualized MBCT sessions focused on mindful awareness, non-judgmental observation, and cognitive restructuring.

Depressive symptoms were measured using the PHQ-9 scale

before and after the intervention. Results indicated significant clinical improvement in the experimental group, with higher post-intervention mean scores (M=15.3) compared to the control group (M=8.45), and a t-value suggesting strong statistical significance (t = 8.316 vs t = 14.29 for control). These findings affirm that MBCT can substantially reduce emotional distress, enhance self-awareness, and support long-term relapse prevention in clients with SUD

Cognitive Analytic Therapy: A Case Series in Practice

Complementing the research, a clinical case series was conducted with nine adolescents and young adults (ages 14–21) presenting with substance abuse and co-occurring relational and academic difficulties. The group consisted of five males and four females, all of whom shared common psychological features including insecure attachment styles, emotional dysregulation, low academic motivation, and conflictual relationships. Twelve structured CAT sessions were conducted with each client using key tools such as reformulation letters, relational mapping (traps, snags, dilemmas), and narrative techniques.

CAT is a structured yet highly relational therapy that helps clients recognize and break harmful behavioral cycles. Its began by mapping Target Problem Procedures, or TPPs, which are repeated patterns like 'rejection → substance use → guilt → more use.' These cycles were explored through visual tools, sequential diagrams, and reformulation letters—making hidden patterns tangible and open for change.

Worked with Reciprocal Roles also done .early relational patterns that clients tend to recreate in adult relationships. For instance, a client who was constantly criticized in childhood might either become highly self-critical or seek validation through self-destructive behaviors like substance use.

One of the central dilemmas we observed was the tug-of-war between emotional pain and the urge for short-term relief through substance use. CAT helped clients make sense of this inner conflict and begin choosing healthier exits from these loops.

Emotional triggers also addressed. Clients were guided to identify what actually sets off their impulsive behaviors. Through diagrams and storytelling techniques, they replaced impulsive reactions with emotion-regulation and boundary-setting strategies building self-control in a more empowered way.

Lastly, a powerful tool in this process was the therapeutic relationship itself. Therapist use a secure base to promote emotional healing and attachment repair. By validating clients' emotions and

correcting earlier relational wounds, built trust and opened the door for safe self-exploration and long-term behavioral change.

Overall, CAT offered a rich, integrative pathway one that doesn't just treat the symptoms but addresses the emotional roots of substance use and attachment disruption.

Post-intervention reflections showed meaningful reductions in substance use, improved academic consistency, and healthier interpersonal relationships. These outcomes suggest that CAT, even within a brief time frame, offers an effective framework to address the relational and emotional roots of addiction, particularly in youth.

Clinical Implications and Conclusion

The integration of MBCT and CAT in the treatment of substance use disorders represents a promising shift toward holistic, individualized care. MBCT provides clients with tools for internal awareness and regulation, while CAT offers a relational lens to understand and reconstruct maladaptive coping patterns.

Both interventions emphasize self-agency, emotional resilience, and narrative reconstruction crucial elements for recovery, especially in young populations. The results advocate for the inclusion of these models in mainstream addiction treatment protocols, offering scalable, evidence-based, and empathetic approaches.

Moving Forward: Recommendations and Actionable Steps for Empowerment

To truly build on the fantastic momentum from this seminar, following are some of the really important and tangible steps ahead. Here's how we can collectively move forward:

- **Develop a Publicly Accessible Resource Hub:** Transform these compiled materials into a valuable, user-friendly resource, perhaps an interactive website or a series of easily downloadable guides, for public health professionals, policymakers, and the general public. It should be easy to navigate and understand.
- **Promote Early Education on Substance Use:** Intensify outreach efforts by integrating early education on the risks of substance use and healthy coping mechanisms into school curricula and community youth programs.
- **Implement Youth-Focused Prevention Programs:** Design and roll out training for targeted prevention methods specifically for emerging trends like synthetic stimulants and vaping, e-cigarettes, and sheesha (huqqa) focusing on school-based programs and peer education initiatives.
- **Launch Community-Led Outreach Initiatives:** Develop and implement targeted community outreach programs, working closely with local leaders and organizations in areas identified with high drug use prevalence, to build trust and promote prevention from within.
- **Establish Clear Early Intervention Pathways:** Ensure that our outreach programs don't just identify individuals struggling, but also facilitate clear and immediate referral pathways to appropriate early intervention and support services.
- **Organize Targeted Follow-Up Training:** Let's go beyond awareness and organize more in-depth workshops and practical training sessions that build directly on the seminar topics. These could be skill-building sessions for professionals or advanced discussions for researchers.
- **Provide In-Depth DUDIT Sindhi and Urdu Training:** Offer specialized, hands-on training sessions for clinicians and counselors on the proper administration, scoring, and interpretation of the newly adapted DUDIT Sindhi and Urdu version, ensuring its effective practical use in assessments.
- **Facilitate Widespread Adoption of Sindhi and Urdu DUDIT:** Actively promote and support the widespread use of the Sindhi and Urdu DUDIT across all addiction treatment and research settings in Pakistan to ensure accurate and culturally relevant assessments.
- **Enhance Counseling Skills Training:** Develop and deliver specialized training programs focusing on evidence-based counseling techniques for addiction, such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing, and family therapy, to equip our professionals with the best tools.
- **Integrate Mindfulness-Based Therapies:** Advocate for the inclusion of Mindfulness-Based Cognitive Therapy (MBCT) into mainstream addiction treatment protocols, given its proven efficacy in reducing emotional distress and supporting relapse prevention.

- **Promote Relational Therapies:** Encourage the adoption of Cognitive Analytic Therapy (CAT) in treatment programs, especially for adolescents and young adults, to address the relational and emotional roots of addiction and break harmful behavioral cycles.
- **Draft Action-Oriented Policy Briefs:** Translate the key findings and recommendations from the seminar into clear, concise policy briefs that outline specific legislative changes, resource allocation requests, and regulatory improvements needed.
- **Advocate for Stronger Drug Control Policies:** Use these policy briefs to actively inform and influence drug control policies, pushing for stronger enforcement against illicit drug production and trafficking, and advocating for regulated supply chains where applicable.
- **Push for Enhanced Mental Health Services Integration:** Advocate for policies that significantly improve mental health services, including integrated care models where mental health and addiction treatment are seamlessly combined, and increased government funding for mental health infrastructure.
- **Formalize Inter-Organizational Partnerships:** Strengthen and formalize collaboration between academic institutions and health authorities through MOUs, joint research initiatives, and shared resource development to ensure continuous synergy.
- **Establish Evidence-Based Program Development:** Create robust feedback loops to ensure that ongoing research and clinical insights directly shape the development and refinement of public health initiatives and treatment programs, making them truly evidence-based.
- **Increase Funding for Local Addiction Research:** Advocate for and secure increased funding specifically dedicated to local addiction research in Pakistan, allowing us to better understand unique regional trends, socio-economic drivers, and the effectiveness of culturally tailored interventions.
- **Establish a National Addiction Helpline:** Create a widely publicized, accessible national helpline and referral system that provides immediate support, information, and guidance for individuals and families affected by substance use disorder.
- **Integrate Addiction Education into School Curricula:** Advocate for mandatory, age-appropriate addiction education to be formally integrated into primary and secondary school curricula nationwide, equipping young people with knowledge and resilience.
- **Support Vocational Training for Recovery:** Develop and fund vocational training and reintegration programs for individuals in recovery, addressing the crucial socio-economic factors that can contribute to relapse and helping them rebuild their lives.
- **Launch Anti-Stigma Public Service Campaigns:** Initiate nationwide public service campaigns designed to reduce the pervasive stigma associated with addiction, promoting compassion, understanding, and encouraging individuals to seek help without fear of judgment.
- **Promote Healthy Youth Activities:** Invest in and promote alternative recreational activities for youth, such as sports leagues, arts programs, and community centers, providing positive outlets and reducing vulnerability to substance use.

- **Conduct Psychometric Studies on Substance Use Questionnaires in English, Sindhi and Urdu:** Prioritize and secure funding for studies to establish the robust psychometric properties (reliability and validity) of the scales for screening for substance use, identifying the risk factors, psychological and physiological impacts of substance use, and ensuring to develop trustworthy tools for clinical and research applications.
- **Develop Scalable Training for New Therapies:** Create and disseminate scalable training modules for MBCT and CAT, making these evidence-based, empathetic approaches accessible to a wider network of mental health professionals across Pakistan.
- **Appointed Psychologists and Psychiatrists:** Psychologists and Psychiatrists must be appointed at the district-level hospitals throughout Sindh province, with the appointments made through the Sindh Public Service Commission.
- **Rehabilitation Centres** : Rehabilitation centers for addiction should be established in all districts of Sindh and throughout Pakistan in public sector Hospitals. Health Departments of the respective Provinces should lookafter these centers under their administrative control.

These are some highlighted pictures from the seminar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Sindh Mental Health Authority


SAY
NO
TO DRUGS