Lived Experiences and Daily Life Fatigue among Non-Medical Prescribed Opioid Users in Pakistan: A Thematic Analysis

Rizwan Ullah¹, Sabir Zaman²*, Muhammad Muslim Khan³

Abstract

The misuse of opioids for non-medical purposes is a persistent public health concern worldwide, particularly in developing countries like Pakistan, where a considerable number of individuals experience the deleterious physiological and psychological consequences stemming from this behavior. The primary aim of the study was to assess the personal experiences and fatigue levels of individuals engaging in non-medical opioid use. The data were collected from addiction, and rehabilitation centers and the sample consisted of 12 individuals both males and females, who aged from 18 to 60 years (M=27.64, SD=9.10). Additionally, individuals who were actively involved in non-medical opioid usage were included in the study. These individuals were assessed through the utilization of a semi-structured interview approach, providing a balanced framework that allowed for both predetermined questions and open-ended inquiries to gather comprehensive information. The finding reveals that various factors, including physical and mental health issues, family dynamics, and peer influence, contribute to opioid consumption. The study identifies a wide range of symptoms, from psychological and physical effects to dependency and isolation. Moreover, rehabilitation efforts may be affected by factors such as individual motivation and familial support, while the lack of awareness about addiction treatability serves as an inhibitory factor. Although the use of opioids can initially cause feelings of pleasure, relaxation, and heightened energy akin to manic symptoms, it frequently leads to detrimental psychological outcomes. These adverse effects include impulsive actions, guilt, and disruption in daily routines.

Key words: Daily Life Fatigues, Lived Experiences, Opioids

Introduction

Non-medical prescribed opioid use has emerged as a significant public health concern in Pakistan. While existing research has explored various aspects of opioid misuse, there is a need to comprehensively understand the lived experiences of individuals engaged in non-medical opioid use and the specific impact of this behavior on their daily lives, particularly in terms of fatigue. This study tried to address the gap by conducting a thematic analysis to uncover the unique experiences and challenges faced by non-medical prescribed opioid users in Pakistan, with a specific focus on the phenomenon of daily life fatigue. Opioids are frequently prescribed for the management of moderate to severe pain, and
in certain situations, they may be utilized to address cough and diarrhea. These medications are recognized for their ability to induce feelings of euphoria and relaxation, making them appealing for non-medical utilization. However, the misuse of non-prescribed opioids are highly dangerous, as it may lead to addiction and overdose, ultimately causing in potentially fatal consequences (Light, 2010; Preuss et al., 2019). Recently, there has been observed within certain communities, where individuals have transitioned from the use of legally prescribed opioids to heroin, this transition highlight the complex challenges associated with opioid addiction (Cicero et al., 2015; Volkow, 2014). Approximately 26.4 to 36 million people are facing to opioids use globally. In the United States around 2.1 million individuals were documented as having substance use disorders associated with prescription opioid pain relievers, while an estimated 467,000 people were reported to be addicted to heroin in the year 2012 (Compton et al., 2015; Madras, 2017). Following cannabis and alcohol, prescription medicines have emerged as the third most prevalent concern associated with substance use disorders (SUDs). There has been disturbing surge in cases of overdose, emergency room admission, and accidental deaths associated with their inappropriate usage (Li & Mustanski, 2018; Peteet, 2019). The misuse of prescription opioids and sedatives has been steadily rising since the mid-1990s. This concerning pattern suggests a growing issue wherein more individuals have been using these medications in ways not prescribed by healthcare professionals. Such misuse can encompass taking higher doses, using the medication for non-medical purposes, or combining it with other substances, which has led to a range of health and societal challenges, including addiction, overdose, and associated public health concerns (Johnston et al., 2022). Currently, painkillers are the second most frequently abused drugs, following marijuana, and benzodiazepines are the most commonly identified drug in emergency room visits associated with drug misuse (Abuse, 2006). The problem of opioid misuse is on the rise in developing nations like Pakistan. According to the study conducted by Afridi (2017), it was revealed that Pakistan has approximately 1 million opioid users. Remarkably, 80% of these individuals were found to be using heroin as their opioid of choice. The misuse of opioid may have severe consequences on both physical and mental well-being, impacting an individual's cognitive process, emotional states, and perceptions (Sabzwari et al., 2014). The problem of non-medical opioid abuse in Pakistan has gained considerable attention from media, with Newspaper, radio and television extensively covering the issue. Elected officials have also engaged in discussions about this concern. Alongside opioids, traditional drugs like hashish, chars, and bhang are widely used in various region of Pakistan (Khan & Fahad, 2019).

Certainly, opioids indeed function as potent pain relievers, and they possess the capacity to induce sensations of relaxation and euphoria. It is important to note that while opioids can be highly effective in treating pain when used appropriately under medical supervision, their misuse and abuse can lead to addiction, overdose, and other serious health issues (Ballantyne & Sullivan, 2017; Coffa & Snyder, 2019).

The misuse of prescription opioids among Pakistan's regular drug users is a significant and concerning issue. Within the country, benzodiazepines and buprenorphine are the opioids most commonly subjected to misuse. It's important that oral ingestion is the preferred mode of consumption; however, approximately a quarter of individuals have reported resorting to injecting these substances (Lall & Paul, 2001; Yaqub, 2013).
Various factors contribute to Opioid addiction and deaths, with doctors playing a significant role. Therefore, it is crucial for medical professionals to act responsibly and understand how to minimize the potential negative consequences of prescribed opioids. It is particularly essential for physicians to only promote and prescribe opioids when necessary and in a safe dose (a low dose for a few days) for both acute and chronic pain. Additionally, practitioners should discuss the risks of opioids with patients and suggest alternative therapies when appropriate. To summarize, physicians and medical practitioners have a responsibility to improve their methods of prescribing opioids for effective pain management, with the goal of reducing opioid abuse and related deaths (O’Brien et al., 2017; Zaman & Irfan, 2020). The primary objective of the study is to explore and understand the daily experiences, cultural context, and fatigue associated with non-medical use of prescription opioids. Furthermore, the study seeks to investigate the extent and impact of fatigue associated to this particular form of opioid misuse.

Method
Research Design
Qualitative Research design was used. A semi-structured interview was employed to gather data from individuals who have used opioids. This approach involves a predefined set of open-ended questions while allowing flexibility for the interviewer to probe deeper into specific topics based on the participant's responses.

Sample
This study was conducted within addiction and rehabilitation centers located in Rawalpindi and Islamabad with participants sample including individuals from diverse cultural backgrounds who misuse opioids. The study included 12 participants of varying ages, ranging from 18 to 60 years (with an average age of 34.33 and a standard deviation of 15.28), representing both males and females. The inclusion criteria for participation were individuals who were using prescribed opioids for non-medical purposes. At the beginning, healthcare professionals initially prescribed opioids as a part of disease treatment protocols. However, over time, some individuals began using opioids without any ongoing medical supervision or intervention. This self-initiated usage is an important aspect of the study. Furthermore, Individuals who are categorized as outpatient and use prescribed opioids or medications for legitimate medical purposes are excluded from the study. Additionally, individuals outside the age range of 18 to 60 years and those receiving treatment from rehabilitation centers outside of Islamabad and Rawalpindi were also not included in the research.

Instruments
The semi-structured interview technique was used to assess and explore the participant’s personal experiences with opioid use and as well as their life history. An interview guideline was utilized to explore their subjective experiences. The research formulated specific interview questions in the following manner:

1) What specific aspects of the lived experience of using opioids for non-medical purposes do individuals report, and how do these experiences vary across different cultural contexts?

2) What are the most common sources of daily life fatigue reported by non-medical prescribed opioid users, and how do these experiences differ from those of individuals who use opioids for medical reasons or who do not use opioids at all?

Procedure
The semi-structured interviews were carried out with individual’s who were receiving support for opioid addiction at Rehabilitation Centers. Prior to the interviews, the study's purpose and importance were communicated.
to the center's Director. Interviews were conducted with individuals representing diverse cultural backgrounds within Pakistan. These individuals were actively receiving interventions and support from rehabilitation centers. The aim was to capture a broad spectrum of experiences and perspectives related to opioid use and addiction, considering the cultural diversity present in the study participants. During the research, participants were asked a series of inquiries pertaining to their social interactions, personal perceptions, and behavioral patterns. Following these comprehensive interviews and the careful observation of non-verbal cues, the collected data underwent a rigorous analysis process employing content analysis techniques.

**Data Analysis**

Thematic data analysis well used for analysis. Thematic analysis was a method of analyzing qualitative data. It is usually applied to a set text such as an interview or transcripts. There are various approaches to conducting thematic analysis, but the most common form follows a six-step process (Kiger & Varpio, 2020). Familiarization, Coding, Generation themes, reviewing themes, Defining and naming themes, writing up. Thematic analysis is a good approach to research where you are trying to find out something about people’s views, opinions, knowledge, experiences or values from a set of qualitative data. For Example, interview transcript, social media profile, or survey responses.

**Ethical Considerations**

Ethical consideration for the conduct of the study was obtained from Ethical Review Committee of the Institution. In addition, permission from the concerning authorities of respective institutions were received regarding data collection purpose. After taking informed consent to willingly participate in the study, participants were briefed about some of the main objectives of study along with assurance of confidentiality of their responses.

**Results**

**Table 1**

| Sociodemographic Characteristics of Participants (N=12) |
|-----------------------------------------------|---|---|
| **Variables** | **Categories** | **n** | **%** |
| Age | Young Adulthood | 9 | 75 |
| | Middle Adulthood | 3 | 25 |
| Education | Graduation | 1 | 8.33 |
| | Below Graduate | 6 | 49.88 |
| | Below Matric | 5 | 41.66 |
| Marital Status | Single | 6 | 50 |
| | Married | 6 | 50 |
| Family System | Joint | 11 | 91.66 |
The majority of the participant that use the prescribed opioids are the early adult aged that is 75% and 25% are middle adults. In addition, mostly the participants were not highly educated. Additionally, the participant that use the prescribed opioids for non-medical purpose are from joint family and their family status is from average and middle status (41.66% average, 41.66% middle, 16.66% upper class adults.). The participant belonged to different culture that is (50% Punjabi, 41% Pashto, and 8.33% from Urdu.

Table 2
Thematic Analysis of Prescribed Opioid Users (N=12)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Associated with Risk Causes</td>
<td>Body pain, Appendectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disturbed sleep, Distress, Loneliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dysfunctional relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Replacing other drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources</td>
<td>Prescribed by doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided by peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manifestation of Symptoms Psychological</td>
<td>Uncontrolled Aggression, Delusions, Sadness, and Laziness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physical Weakness, Dizziness, Loss of Appetite Dependency can develop quickly, and long-term use can lead to physical and psychological health problems Isolation reported feeling sad and isolated, spending most of his time at home, and having difficulty with his daily activities

Positive Manic/ Hypomaniac episodes, Feeling Energetic, Happy, and Physically Active

Negative Intermittent explosive disorder Relationships: Fighting with Family Members Psychosis Delusions, Hallucinations, Paranoia, Self-negligence, Disturb sleep, Loss of appetite Numbness, Poor self-control, Aggressive Behavior, Confused state of mind, Poor self-control, Language abusive, Deteriorated eating habits, Depression Guilt feelings, Sadness, Feeling disrespect, trouble to concentrating, Embarrassed feelings, Poor working capacity Anxiety Impulsivity, Fatigue, Irritability, staying sleeping difficulty, Over-thinking Substance abuse Paranoia, aggressive behavior, poor self-control, and deteriorated eating habits may be symptoms of substance abuse. Sleep disturbance and loss of appetite may also be present

Rehabilitation Enabling factor Self Spouse

Family Father

Inhibitory factors Lack of awareness of Addiction is treatable

**Theme 1**

**Factors Associated with Risk**
The study identified several potential risk factors associated with individuals who misuse opioids for non-medical reasons, including physical and mental health problems, strained family relationships, and a tendency to substitute one drug for another. An important sub-theme that emerged from participant interviews revolved around the reasons and sources behind opioid use. Particularly, participants mentioned that factors such as doctors prescribing addictive medications and peer pressure played significant roles in driving drug addiction. These individuals reported experiencing physical discomfort, disrupted sleep patterns, feelings of isolation, and difficulties in maintaining healthy social relationships as
additional challenges associated with their opioid misuse.

Is dawai, yaani opioids, ko shuru karne mein, doctor, dost, aur rishtedaron ka aham kirdar ho ta hai. In logon ne mujy iska istemal karne ki salahiyat di. Shuru mein, doctor ne is dawai ka istemal karne ke liye salahiyat di thi, lekin baad mein aapne apni marzi se iska istemal shuru kiya. Dosto ka bhi isme kirdar tha, aur unke saath mein iska istemal karte the. Dosto ke saath iska istemal karna aksar ek saathi ya peer pressure ke roop mein hota hai. Is dawai ke istemal ko shuru karne ke peeche kai reasons ho sakte hain, aur dost, rishtedar, aur doctor ismein

Theme 2
Manifestation of Symptoms
Upon the usage of these opioids, participants began experiencing a range of physiological and psychological symptoms. Furthermore, through the process of thematic analysis, participants exhibited a spectrum of both positive and negative symptoms. On the positive side, some participants reported experiencing symptoms like mania and euphoria, feeling highly energetic and physically active. However, in contrast, participants also described a cluster of adverse emotions and feelings, including depression, persistent low mood, anxiety, heightened aggression, overwhelming sadness, a sense of guilt, and diminished self-esteem. Additionally, impulsive behaviors and disruptions in daily routines were commonly observed consequences. Furthermore, the misuse of opioids was associated with several physical symptoms, including sexual dysfunction, weight loss, muscular weakness, reduced energy levels, dehydration, and an abnormal heart rate.

Jab kisi dawai ka istemal shuru kiya jata hai, to isse ajeeb qisam ki alamaat aur asraat aksar nazar aati hain. Yeh alamaat shuruat mein khushi ka ahsas, zyada tawani hawa mein urna, aur isi tarah ke aur kai alamaat ko shamil karte hain. Lekin iske saath, is dawai ke istemal se burat ke asraat bhi hoti hain, jaise ke udasi, kamzori, neend na aana, gussa, aur yadasht mein kami.

Theme 3
Factors Influencing Rehabilitation Seeking
Within the context of rehabilitation seeking, there are identifiable factors that either facilitate or hinder the process. Factors supporting the decision to seek rehabilitation include individual determination, spousal support, and paternal encouragement. Conversely, inhibitory factors encompass a lack of awareness regarding the treatability of addiction. Additionally, a strong belief that addiction is amenable to treatment serves as a significant factor bolstering the willingness to engage in rehabilitation.

In logon mein ilaj ki arzoo aur hawaish hoti hai, aur iske saath hi unmein ilm ki kami hoti hai, jo nasha awar cheezon ke bare mein hoti hai. Isliye, ilaj ki arzoo aur hawaish ko pura karne ke liye logon ko chahiye ke woh sahi tarike se aur doctor ya healthcare professional ki rehnumai mein ilaj karein.

Discussion
The current study aims to explore the daily life experiences and fatigue of individuals who misuse prescribed opioids for non-medical purposes. Opioids are primarily used to treat severe pain and other physical and psychological conditions, but some individuals misuse them for non-medical reasons. The sample for this research consists of 12 participants (N=12) who have misused prescribed opioids. The findings suggest that drug addiction is a complex issue that arises from various factors, including physical and mental health issues, dysfunctional family relationships, and peer pressure. These risk factors can lead to positive experiences such as pleasure, relaxation, and energy but may also result in negative psychological symptoms such as guilt feelings, impulsive behavior, and
disturbed daily life routine. The development of sexual dysfunction, weight loss, weakness, decreased energy levels, dehydration, and abnormal heart rate underscores the significant physical consequences of addiction.

When an individual begins to misuse prescribed opioids, they may experience a range of positive effects, such as feelings of relaxation, improved sleep, pleasure, pain relief, and increased energy. These positive effects may lead the individual to believe that the opioids are helping them to cope with their problems and feel better in their daily life. As a result, they may become dependent on the drugs and feel that they cannot function without them. However, over time, the misuse of opioids can lead to addiction, which is characterized by a compulsive need to continue using the drugs despite negative consequences. In this state, the individual may find it increasingly difficult to control their drug use, and may experience a range of negative physical and psychological symptoms because of their addiction. According to the previous study, the use of opioids by individuals was linked to several factors, including poor relationships, conflicts over property, lack of social support, and family problems. The primary cause of opioid addiction was the individual's mental health, which included feelings of hopelessness, curiosity, mistrust, and disinterest in social activities. Additionally, peer influences and friends may have played contributing roles in opioid use among men (Majid et al., 2019; Zaman et al., 2020).

Furthermore, a retrospective study conducted in Pakistan revealed that the most commonly used drugs were cannabis at 29.2%, followed by cigarettes at 26.1%. Peer pressure, the desire for fun and enjoyment, as well as family disputes, were identified as the primary reasons for initiating substance use (Ghazal, 2019; Zaman et al., 2022).

It is important that the misuse of opioids not only affect the individual, however their families and society as a whole may also disturb. It can lead to criminal behavior, loss of productivity, and strain on the healthcare system. Therefore, it is essential to increase awareness about the risks and consequences of opioid misuse, provide support and treatment to those who are struggling with addiction, and enforce strict laws and regulations to prevent the illegal distribution and use of opioids. By doing so, we can work towards reducing the harm caused by opioid addiction and creating a healthier and safer society for all (Cheung et al., 2014).

The findings of the present study provide compelling evidence in favor of two prominent theories: the Social Learning Theory (Grusec, 1994) and the Health Belief Model (Janz & Becker, 1984). Clearly supporting these two major theories, the study enhances our understanding of the underlying factors and motivations behind non-medical prescribed opioid use in Pakistan. This knowledge can be valuable for designing more effective interventions and strategies to address this public health concern, taking into account the social and perceptual factors at play in this context.

Limitations
The study discussed in the previous response was limited to a specific area due to time constraints. Future research can involve multiple cities in Pakistan to generalize the findings on the use of prescribed opioids for non-medical purposes. The study was conducted at institutes that allowed patients to participate in research, which may have introduced selection bias. Additionally, the small sample size of the study may have weakened the generalizability of the results. Furthermore, since the data was only collected from the Rawalpindi and Islamabad regions, the findings may not be representative of the broader population in other cities.
Implications
The results of the research are significant in terms of health, information dissemination, and raising awareness about the risks of using opioids for non-medical purposes. The findings can help patients become more informed about the dangers associated with prescribed opioids and take measures to reduce the risks of their misuse. The study also highlights the impact of opioid use on the quality of life and daily fatigue of patients, underscoring the need to identify strategies to reduce the use of prescribed opioids for non-medical purposes. Overall, the research emphasizes the importance of addressing the issue of opioid misuse to promote better health outcomes and improve patients' lives.

Conclusion
In conclusion, drug addiction is a complex issue that arises from various factors, including physical and mental health issues, dysfunctional family relationships, and peer pressure. The misuse of prescribed opioids is a growing concern globally and is associated with various negative consequences, including physical and psychological symptoms, as well as a high risk of overdose and death. Studies have highlighted the prevalence of self-medication and the easy availability of prescription opioids without a valid prescription, which further exacerbates the issue. However, efforts to raise awareness, implement laws and regulations, and develop effective interventions can help combat the opioid crisis and reduce the risks associated with their misuse. Overall, continued research, collaboration, and action are necessary to address this urgent public health issue and promote better health outcomes for individuals and communities.

Contribution of Authors
Rizwan Ullah: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft
Sabir Zaman: Methodology, Reviewing & Editing, Supervision
Muhammad Muslim Khan: Methodology, Investigation, Writing – Original Draft

Conflict of Interest
There is no conflict of interest declared by the authors.

Source of Funding
The authors declared no source of funding.

Data Availability Statement
The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [S.Z.] upon the reasonable request.

References


Cicero, T. J., Ellis, M. S., & Harney, J. (2015). Shifting patterns of


