Is It Worth Treating Cases of Heroin Abuse as In - Patients?

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ABSTRACT

One hundred admissions of heroin abuse in a psychiatric unit were studied retrospectively for their compliance and adherence to hospital regimen. 64% ranged between 21-30 years of age, there were 92% males and students followed by merchants were the commonest population groups (39% and 27%). 71% of patients stayed less than three weeks which is the minimal period for hospital treatment and they discharged themselves against medical advice. 57% were admitted once, 22% twice, 12% thrice and 7% more than thrice. There is an obvious waste of psychiatric beds especially in developing countries where out-patient treatment of heroin abuse is discouraged. These facts should outline the strategy for the treatment of heroin abuse.

INTRODUCTION

The use of psychoactive substances for recreational, social and medical purpose in the Arab world goes back to prehistoric times. Some authors believe that cannabis and opium were discovered on an Egyptian site dating back to between 3,000 and 4,000 years ago. Drug abuse among the young shows new patterns and trends. It involves a younger age, all socio-economic strata of society departing from the traditional socio-cultural norms of the society. In the last four years, Egypt has been exposed to massive abuse of heroin among people of all classes both in urban and rural areas (Okasha 1985). Attempts by the government to impose harsh penalties on both traffickers and users and to facilitate their treatment in many psychiatric centres and to educate the public through the mass media did not abolish the problem. It is a known fact that only about 10% of the narcotics smuggled through borders is seized and Table I shows the amounts discovered by the

police over the last five years. The admission of opiate abusers to hospital for in-patient detoxification was once considered the mainstay in their management but now more out-patients treatment is recommended (Thorley et al. 1982; Ghodse 1983). It has often been assumed that the outcome is poor among such subjects and relapse is the rule rather than the exception. It was suggested that not more than 15% of subjects could be expected to be abstinent for one year (Thorley 1981).

MATERIAL & METHOD

A retrospective study was carried out to examine the value and compliance of heroin abusers in an in -patient psychiatric hospital with a follow-up of six months. The recent rapid rise in heroin abuse in Egypt has resulted in increased admissions to psychiatric hospitals. Methadone is unavailable in Egypt as psychiatrists are reluctant to treat these patients on an out-patient basis. One hundred admissions of heroin abusers between 1st. January 1987 and 31st. July 1987 (7 months) were included. Their case records were studied to obtain some psychodemographic data. Their compliance and length of stay in hospital and the results of psychometric tests were evaluated. The hospital regulations specify that the patient needs at least three weeks for detoxification, management of insomnia, assessing the presence of anxiety or depression and sessions of individual and group psychotherapy and plans for rehabilitation.

RESULTS

Results showed that were 92 males and 8 females, (4 couples of husband and wife were joint admissions) ; 45 were single, 41 married and 5 divorced. The age of the majority of patients ranged between 21-30 years (64%), followed by 16% between 31-40 years as shown in Table II. Students constituted 39%, merchants 27%, professionals 8%, semi-professionals 9%, semi-skilled 9% and jobless 8%. The mean duration of abuse of heroin prior to admission was 26% months. The duration of stay in hospital is shown in Table III. 23% stayed less than 10 days and 71% stayed less than 21 days. The remaining 29% managed to adhere to the planned regimen of more than

Table I Total Amount of Narcotics seized by police (Official Report)

1981 - 1986

	1981	1982	1983	1984	1985	1986
Hashish/kg.	68671	42479	65821	84479	50174	21288
Opium/kg.	365	889	252	291	287	54
Heroin/kg.	-	-	242	20	123	99
Cannabis trees	63829	45405	2463184	72237	121994	81603
Cocaine/kg.	-	-	0.5	0.89	1.52	2.433
Psychoactive Substance/kg.	207	146	206	144	188	7
Papaver Somniferem (Poppy trees)	4511300	3344061	_	_	541109	473163

Annual Report of the Antinarcotic Squad (1986).

Table II **Age of Drug Abusing patients**

Under 20 years.....11 cases
21 - 50 ".....4 "
31 - 40 ".....16 "
41 - 50 ".....3 "
51 and over.....1 "

three weeks. As regards the frequency of admission, 57% were once, 22% twice, 12% thrice, 2% four times, 4% five times and 1% six times.The Personality Traits as assessed by the Eysenck Personality Questionnaire (Eysenck 1964), the Zung self-rating depression (Zung 1974), the Guilford scale for cycloid and depressive temperament (Guilford et al. 1956) and the psychopathic scale from MMPI (Louis 1959) showed:Extroversion 47%, Introversion 15%, Neuroticism 16%, Psychoticism 5%, Cyclothymia 14%, Impulsivity 42%, Psychopathic 11%, Antisocial 11%, Depressed Mood 13%, Anxiety 2%. Some traits are overlapping but it is evident that extraversion, impulsivity, neuroticism, introversion, cyclothymia and depressed mood are important in this order of frequency. The Reason for Discharge in 43% was against medical advice through a severe urge regardless of their withdrawal symptoms, 28% were discharged upon their request after the initial amelioration of their symptoms, 29% were compliant to treatment and completed the planned period of in-patient treatment.

Withdrawal symptoms were present in 77% of cases and their treatment included clonidine or tegretol combined with benzodiazepines. Antidepressants and low potency neuroleptics were added when required. Some needed analgesics for pain or anti-diarrhea drugs. ECT was given to six patients with neuroleptics to combat agitation, aggression and the severe urge for discharge with the patient's consent and that of their families. It proved to have a dramatic effect on the compliance to in-patient treatment.

DISCUSSION

At this hospital in Cairo, 4-5 heroin abusers are admitted every week. In our sample, only 29% completed their detoxification period which is minimally three weeks. In Fraser's study in Glasgow(Fraser et al. 1987), only 21% were discharged as planned. Withdrawal symptoms were evident in 77% of the cases and premature discharge was more evident in those who suffered from withdrawal symptoms after a few days of detoxification.

It would seem that pharmacological detoxification and amelioration of withdrawal symptoms may have a negative effect on satisfactory progress because the patients are more dependent, less motivated and, once relieved of

their symptoms, demand their discharge. It is very difficult to convince the patient to stay longer after the disappearance of withdrawal symptoms in spite of the emphasis on using the period of in-patient care to introduce the patient to a longer-term program of rehabilitation in the community to prevent further relapse. Withdrawal symptoms were managed with clonidine, clobazam combined sometimes with high potency neuroleptics or sedative tricyclics. Many patients were helped in their boredom, despair and insomnia by i/v drip of clomipramine. Methadone was never used and is unavailable in Egypt but long-acting Naltrexone(Trexan) as a long-acting opium agonist was used in 32 patients with a follow-up of 6 months. From the twenty-one who continued taking the morning dose, only three relapsed, the other eleven stopped the Trexan after a period ranging from 2-4 weeks to resume their abuse. 43% of our patients had more than one admission as shown in Table III. After six months of follow-up whether on Trexan or not, 33% of our patients were not using opiates as monitored by urine tests. This figure is lower than the Gossop study (Gossop et al. 1987) where 47% were not taking opiates after six months. Many patients used heroin only days after discharge for once or twice but this did not lead to their relapse or continuation or re-admission for in-patient treatment. Although many patients did relapse and were re-admitted yet more than one third were opiate-free after six months. These results may have important implications for the treatment of drug addicts.

The practice of admitting heroin abusers to psychiatric beds may be useful in assessing physical, psychological and psychiatric signs, management of withdrawal symptoms,time out from peer groups and the drug scene and a chance to plan a new life style and to receive individual and group psychotherapy. In this psychiatric hospital, heroin abusers account for one third of the bed occupancy and the poor compliance to remain as planned for discharge suggests that there is a need for re-evaluation of treating heroin abusers in in-patient beds especially when the number of these beds is limited as in developing countries. Controlled studies of out -patient treatment or detoxification on an ambulatory basis should be considered.

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EST - IL BIEN FAIS DE TRAITER LES DROGUÉS DE L'HEROINE DANS LES HOPITAUX

ABSTRAIT

Cette étude est une tentative d' identifier l'attitude complementére des patients drogués de l' heroine au sujet de leur medicament.

100 patients drogués de l' heroine dans un hopital psychiatrique, ont été etudiés retrospectivement, d' age extreme 21 - 30 ans.

92% hommes, 8% femmes. La plupart etait etudiants et marchands (39% - 27%).

71% des patients ont resté moins que trois semaines et ont été dechargés contre la permission medicale.

57% ont été admis une fois, 22% deux fois, 12% trois fois et 7% plusque trois fois.

A travers la discussion, les auteurs ont essayé de mettre une strategie pour le traitment des drogués de l' heroine.

الموجز

تم دراسة ١٠٠ حالة من المرضي الذين دخلوا المستشفى للعلاج من إدمان الهروين لمدى انتظامهم في العلاج والتزامهم بنظام المستشفى وكان ٦٤٪ منهم تتراوح أعمارهم بين ٢١ ، ٣٠ سنة ، ٩٢٪ منهم من الذكور ، ٨٪ إناث ، ٣٩٪ من الطلبة، ٢٧٪ من التجار. ظهر أن ٧١٪ من المرضى قضى في المستشفى أقل من ٣ أسابيع (الحد الأدني للعلاج بالمستشفى) وأنهم خرجوا ضد نصيحة الطبيب ، ٥٧٪ دخلوا المستشفى مرة واحدة ، ٢٢٪ دخلوا مرتين ، ١٢٪ دخلوا ٣ مرات ، ٧٪ أكثر من ٣ مرات - هذة الحقائق يجب وضعها في الإعتبار عند التخطيط لعلاج إدمان الهروين.