Editorial

DRUG ABUSE (Part II)

The author supervised a Master Degree thesis in the year 1987 titled "Changing Pattern of Drug Addiction". The study was carried out in a private psychiatric hospital in Cairo. The files of all patients admitted to this hospital in the period starting from 1972 to 1986 were studied retrospectively. The sample examined was 12184 files, of them 461 patients were suffering from the problem of drug abuse. These patients were classified into three groups, the first group included patients admitted from the years 72-76, the second group included the period from the years 77-81, and the third group from the years 82-86. Heroin addicts only were furtherly studied regarding the duration of heroin abuse and its relation to other addictive drugs. The results of the three groups were compared and analysed statistically. The distribution of the total sample among the three groups was as follows:

- 1st group (years 72-76) 17 addicts (3.69%)
- 2nd group (years 77-81) 56 addicts (12.15%)
- 3rd group (years 82-86) 388 addicts (84.16%)

Thus the number of addictive patients in this study has much increased in the 1980s compared to 1970s. this increase is due to addicts abusing new types of opioids as heroin which represented (0%) in the period from 72-76, while they represented (57.36%) in the period from 82-86. Heroin has spread grossly, because addicts discovered its potency, being rapid, with dramatic effects and can be easily taken (sniffing).

In this study (58.3%) of the heroin addicts started the abuse for the first time of their life in the age group from 21-30 years and representing (60%) of the sample, and the favorite drug abused beside is rohypnol. the rest of the heroin addicts representing (41.7%) starting heroin addiction after a prolonged abuse of other psychoactive drugs - average 11.5 years and those in the age group from 21-40 years representing (74.1%) of the sample and the most abused drug before abusing heroin was hashish, which ;the illiterate addicts have false belief about the aphrodisiac effect of hashish.

Soueif et. al. (1986) in their study of prevalence of psychoactive drugs in Egypt, said that heroin first appeared in 1930s and re-emerged during 1980s, while cocaine was abused during the period following the first World War.

Loza (1987) found that (57.40%) of his sample of addicts were abusing opioids while the rest which represented (42.60%) were abusing other types of psychoactive drugs.

The abuse of heroin has decreased during the 1990s. This is probably due to the efforts of the General Department for Narcotic Control and the Police authorities, the punishment against all who smuggle and distribute narcotics by all possible means. Unfortunately, heroin abuse has been replaced by 'Bango" abuse. Bango is cultivated in the vallies of Sinai and smuggled from Sudan; this has changed the pattern of drug abuse. Recently, the director of the General Department for Narcotic Control stated that cultivation of bango has greatly increased in the far mountanous deserts which could not be easily reached by the common means of transportation, but only by helicopters. He also stated that 75% of narcotic cases brought to court are related to bango alone, it amounted to 26 thousand cases in which 29 thousand accused individuals were involved. The amount of bango found by the police au-

thorities in 1996 was 7 tons, it increased up to 31 tons during the first 6 months of 1999 despite the enormous efforts for its control.

The National Institutes of Health (NIH) consensus Statement (1997) about Effective Medical Treatment of Opiate Addiction states that opiate dependence is a brain related medical disorder that can be effectively treated with significant benefits for the patient and society, and society must make a commitment to offer effective treatment for opiate dependence to all who need it. There is a need for improved training for physicians and other health care professionals and in medical schools in the diagnosis and treatment of opiate dependence. the increasing number of younger people entering an addiction lifestyle indicated that a major societal problem was emerging. A search for innovative and more effective methods for treating the growing number of individuals dependent upon opiates resulted in the use of the opiate agonist methadone to maintain those with opiate dependence. Furthermore, a multimodality treatment strategy was designed to meet the needs of the individual addict patient.

In the past 10 years, there has been a dramatic increase in the prevalence of Human Immunodeficiency Virus (HIV), hepatitis B and C viruses, and tuberculosis among intravenous opiate users. This resulted in an increase morbidity and mortality which further underscore the human, economic, and societal costs of opiate dependence.

The safety and efficacy of narcotic agonist (methadone) maintenance treatment has been unequivocally established. Methadone Maintenance Treatment (MMT) is effective in reducing Illicit opiate drug use, in reducing crime, in enhancing social productivity, and in reducing the spread of viral diseases such as AIDS and hepatitis.

Individuals addicted to opiates often become dependent on these drugs by their early twenties and remain intermittently dependent for decades. Biological, psychological, sociological, and economic factors determine when an individual will start taking opiates. However, it is clear that when use begins, it often escalates to abuse (repeated use with adverse consequences) and then to dependence (opioid tolerance, withdrawal symptoms, compulsive drug-taking). Once dependence is established, there are usually repeated cycles of cessation and relapse extending over decades. This "addiction Career" is often accompanied by periods of imprisonment.

Treatment can alter the natural history of opiate dependence, most commonly by brolonging periods of abstinence from illincit opiate abuse. Of the various treatments available, methadone maintenance treatment (MMT), combined with attention to medical, psychiatric, and socioeconomic issues, as well as drug counselling, has the highest probability of being effective.

For more than 30 years, the daily oral administration of methadone has been used to treat tens of thousands of individuals dependent upon opiates in the United States and abroad. The effectiveness of MMT is dependent on many factors, including adequate dosage, duration plus continuity of treatment, and accompanying psychosocial services. A dose of 60 mg. given once daily. may achieve the desired treatment goal: abstinence from opiates. But higher doses are often required by many patients. Continuity of treatment is crucial - patients who are treated for fewer than 3 months generally show little or no improvement, and most, if not all, patients require continuous treatment over a period of years and perhaps for life. therefore the program has come to be termed methadone "maintenance" treatment (MMT). Better outcomes for MMT include older age, later age of dependence onset, less abuse of other substances including cocaine and alcohol, and less criminal activity

High motivation for change has been associated with positive outcomes.

The effectiveness of MMT is often dependent on the involvement of a knowledgeable and empathetic staff and the availability of psychotherapy and other counseling services. The Latter are especially important since individuals with opiate dependence are often afflicted with comorbid mental and personality disorders.

Addiction-related deaths, including accidental overdose, drug-related accidents, and many illnesses directly attributable to chronic drug dependence explain one-fourth to one-third of the mortality in an opiate-addicted population. Recent data have shown that up to 75 percent of new instances of HIV infection are attributable to intravenous drug use. Because methadone -treated patients generally are exposed to much lessor no intravenous opiates, they are much less likely to transmit and contract HIV major source of financing the opiate habit is criminal behaviour, MMT generally leads to much less crime.

Although methadone is the primary opioid agonist used, other full and partial opioid agonists have been developed for treatment of opiate dependence. An analogue of methadone, levo-alpha acetylmethadol (LAAM), has a longer half-life than methadone and therefore can be administered less frequently. A single dose of LAAM can prevent withdrawal symptoms and drug craving for 2 4 days. Buprenorphine, a recently developed partial opiate agonist, has an advantage over methadone; its discontinuation leads to much less severe withdrawal symptoms. The use of these medications is at an early stage, and it may be some time before their usefulness has been adequately evaluated.

Drug abuse is encouraged by drugs dispensed with and without a prescription from community pharmacies. A study sponsored by The World Health Organization, Eastern Mediterranean Division, was carried outing Alexandria to assess the pattern of drug supply from pharmacies, whether by prescription, recommendation from the pharmacist or a request for a particular product by the client. The drugs dispensed from 25 pharmacies, each from a different area of Alexandria, were investigated. Two three-hour study visits were made to each pharmacy to collect data on all drugs dispensed. A total of 1174 products were supplied; 28% on prescription and 72% over -the - counter sales (17% of the latter were recommendations from pharmacists). The range of products supplied with and without a prescription were similar.

Almost all types of drugs for various medical problems were dispensed including anti-infective products, ;analgesics, antipyretics and non-steroidal anti-inflammatory drugs. Drugs dispensed for gastrointestinal symptoms, cardiovascular diseases and most important and serious are drugs dispensed for respiratory symptoms including cough mixtures and common cold remedies. 45 products were combinations including up to five constituents such as antihistamines, xanthines, ephidrine,analgesics, expectorants, steroids and bronchodlators. In fact, it included at least four constituents. Ten preparations also included phenobarbitone. The abuse of these drugs is prevalent among drug abusers as we meet in our every day practice. They consume bottles of cough mixtures containing codeine among other constituents. Abuse of drugs acting on the central nervous system including sedatives, hypnotics, benzodizepines, antidepressants and tranquilizers is also prevalent.

References

Abo EL Magd, S. (1980): Changing Pattern of Drug Addiction. M.Sc. Thesis. Cairo University.

Easter Mediterranean Health Journal, Vol. 2, No. 3 December 1996.

Loza, F. (1987): Changing Pattern of Addiction. Cairo World Congres for Mental Health.

NIH Consensus Statement. Volume 15, Number 6. November 17-19, 1997. Effective Medical Treatment of Opiate Addiction.

Soueif, M.I, Yunis, F.A., and Taha, H. S. (1986): Extent and patterns of drug abuse and its associated factors in Egypt. Bulletin on Narcotics. 38: 113-120.

Erratum:

- In the Editorial of Januarry 1999 (Vol. 22) the last two lines in paragraph 3 should read: In comparing between 1985 and 1986, there was increase in the amount of heroin caught in that period.

- References:

Michael Gossop. Living with Drugs.

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