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Country Profile - Egypt

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OVERVIEW OF DRUG DEPENDENCE PROBLEMS

IN EGYPT

POLICIES AND PROGRAMMES

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Overview of Drug Dependence Problem,  
in Egypt

I. Introduction

Drug dependence in Egypt is considered one of the major long standing psychosocial problem. It is continuously growing and the pattern of dependence is also continuously changing. Statistical data point to a marked regular increase of the young age group addicts seeking treatment.

There is also a change from traditional to synthetic drug dependence.

This problem has also been reflected not only on the psycho-social life of the individuals but also on the economy of the country. All these data with others indicate the seriousness of that problem.

Accordingly the planning for combat has been part and parcel of the mental and physical health plan of the Ministry of Health and since it is a serious national problem it has also been dealt with in the planning of other services in the Ministries of Social Affairs , Interior , Justice , Labour, Information, Education and Religious Affairs.

In order to coordinate the work of these ministries, the High Committee for combatting drug dependence has been established constituting responsible members of all these fields with others representing the voluntary organization.

II. Structure of the General Health Services in Egypt

The health policy in Egypt generally has been geared to give wider coverage and mental health services has been viewed accordingly . The structure of the present system of health services is as follows:

1. Rural Health Unit These form the basis health services. Every Unit serves a population of 50000 and is run by a general practitioner.
2. Combined Health Units Serves a population of 100000 and has a capacity of 20 beds . These health centers are run by two or three general practitioners.
3. District Hospitals Each hospital has a bed capacity of 50 to 60 beds and a team of specialists. It is closely linked with a group of five or six combined health units.
4. General Hospitals These are mainly provincial hospitals where all specialized services including psychiatric care have been developed.

In summary the General Health Services are essentially based on basic health units which merge into the combined health units and finally into the general hospitals and the specialized services.

Health Insurance System. This started in Alexandria as a pilot experiment to cover all labourers working in State Factories. It has extended to all Government employees. In 1974 it began to function in Cairo to cover all labourers in State Factories and then the Government employees.

This system is new covering all Government employees and labourers all over the country.

#### The Treatment Institute.

Some of the private hospitals have been nationalized and utilized to offer health services for private factories employing more than 100 labourers. Private factories with less than 100 labourers are obliged to offer social insurance system to all labourers including health insurance.

### Private Health Services.

Include (1) private hospitals which have not been nationalized or new hospitals . (2) Private doctors working in private clinics in different specializations.

### State Facilities.

There are some health services offered by some State Organizations as, i.e. Railway Hospital , Police Hospital , Teacher's Hospital , health services in prison and army hospitals.

Basically , mental health services are conceived to develop on similar lines. This new outlook has considerably opened up the future of mental health activities and given further dimensions to the prevention of curative aspects of mental illness.

Psychiatric services are included in most of the abovementioned health services.

The psychiatric facilities consist of :

- (1) Psychiatric Hospitals.
- (2) Psychiatric services in General Hospitals including O.P. and in-patient units.
- (3) Psychiatric clinic for school health services.
- (4) There are five private mental hospitals.
- (5) Nearly all psychiatrists are allowed to have part time private work in the after-noon.

### IV. Availability of Drugs.

Egypt is considered one of the consuming countries in the Middle East as regards the traditional drugs. Nearly all narcotics are black-trafficked from other countries. All synthetic drugs are also black-trafficked. It is interesting to say that the production of drugs is totally under central control by the Ministry of Health so is the case with importation and distribution which are centrally carried out.

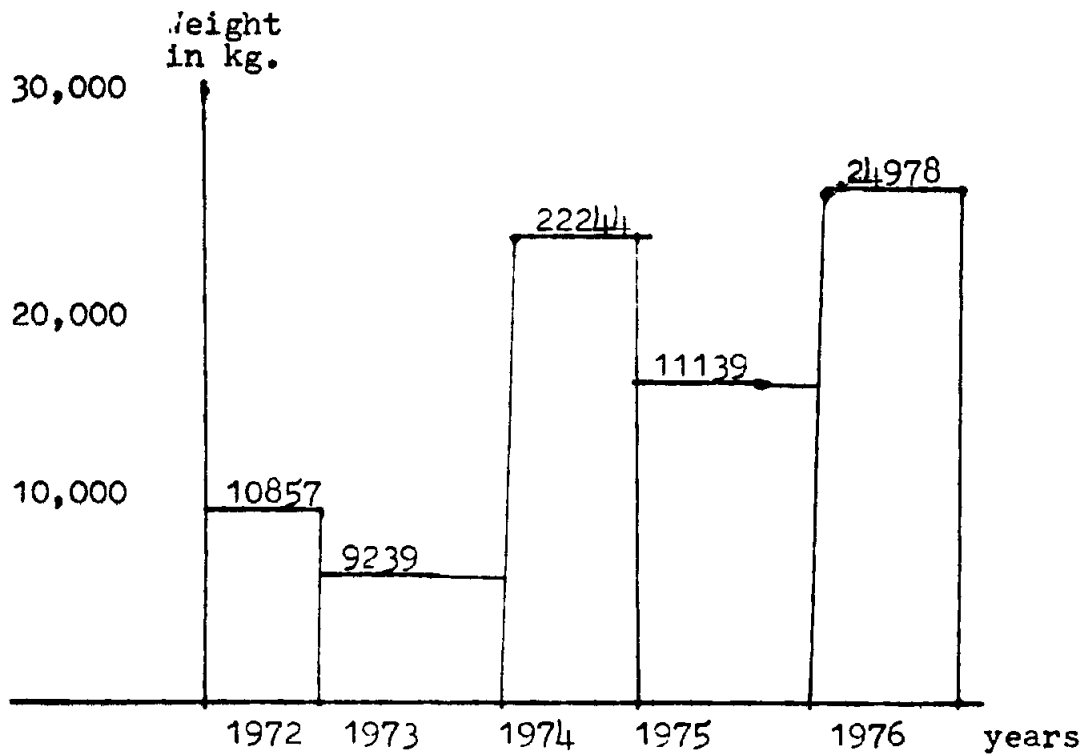
This system has helped to a great extent the control of the availability of drugs in the market. Still there is some leakage in the distribution of the drugs through the pharmacists . This raises efforts to overcome these problems.

Recently black market trading is recognized as very serious. Seizures of narcotic drugs is increasing in the last years. In the same time the pattern of drug dependence is also changing.

While efforts were keeping an eye on the traditional and other narcotics in the narcotic table, other drugs appear in the media and need more efforts for combat nationally , regionally and internationally.

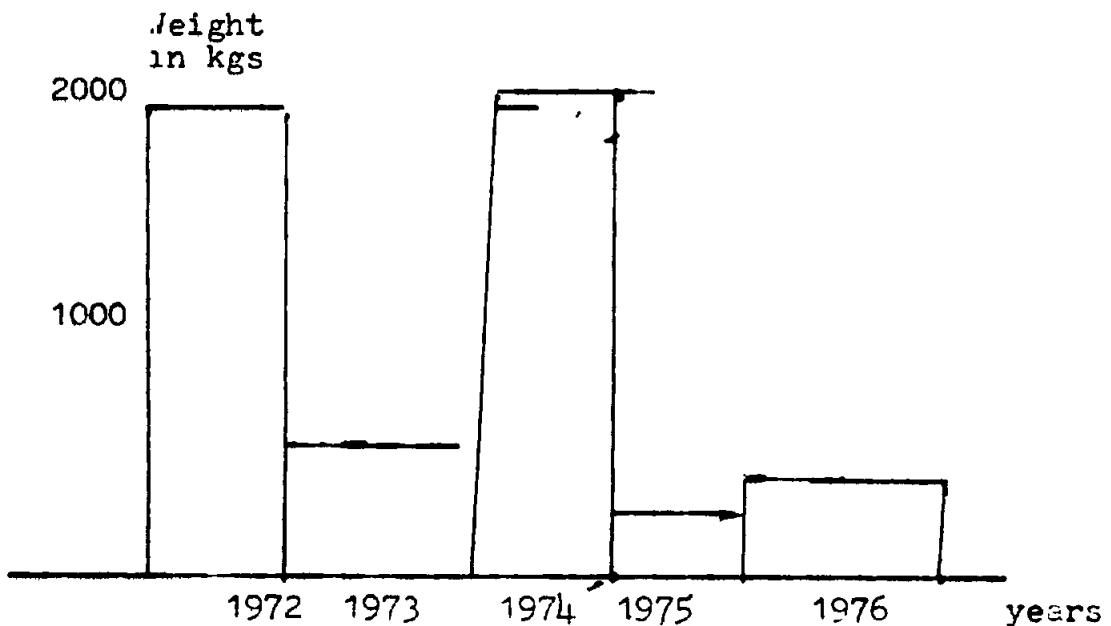
The seriousness of the problem has increased in the last years when the police authorities have discovered that opium has been illegally cultivated in certain places . This has added more efforts for the combat .

The following Graph(1) shows the amount of seized cannabis during last five years from 1972 - 1976 which shows that it is continuously increasing and the peak was in 1976 where 24978 kilograms of cannabis were seized.



Graph (1)

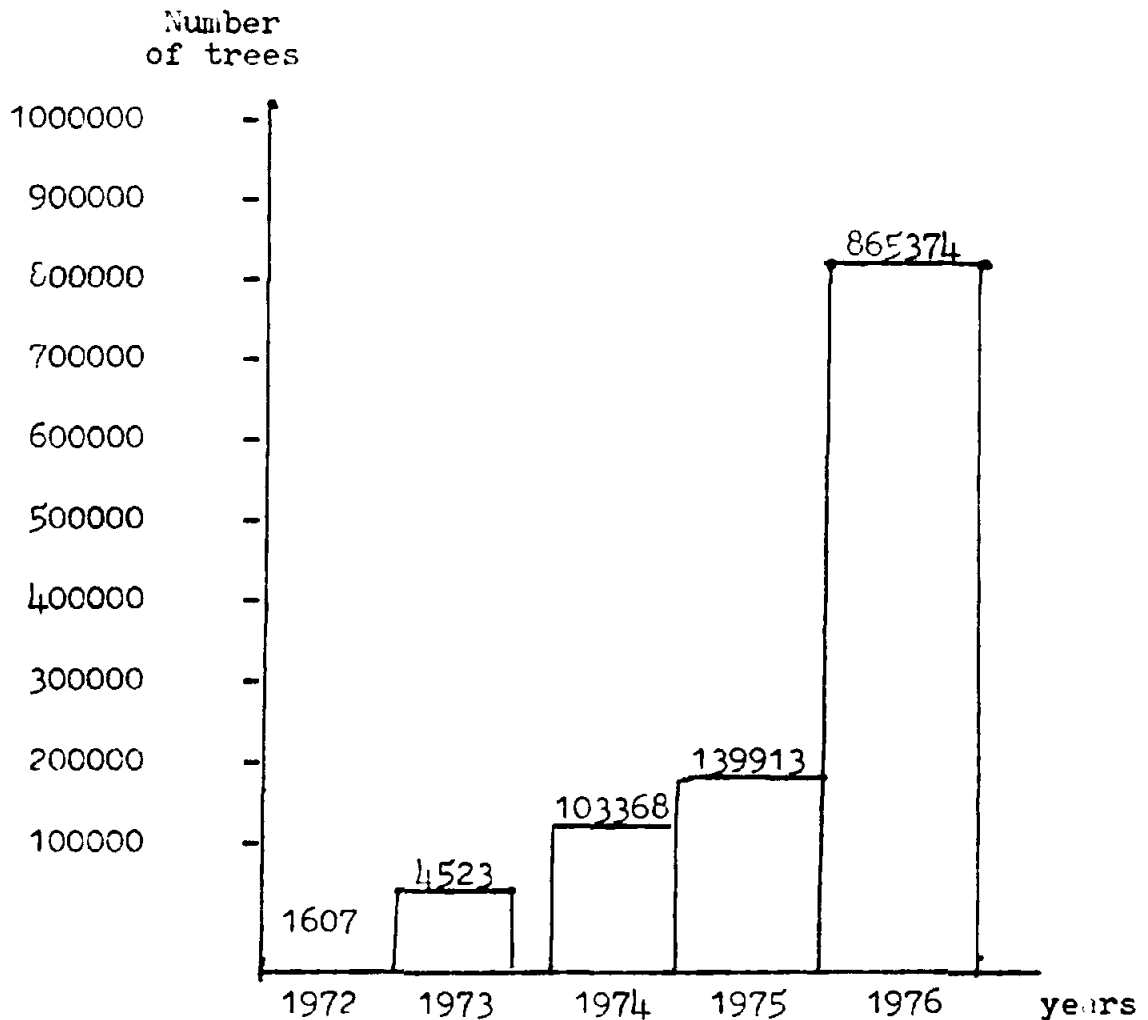
Graph(2) shows the amount of kilogram of seized opium from 1972 - 1976. It shrank very much in 1973 which may be due to the Arab-Israeli war during which most of the troops were along the Egyptian borders and thus smuggling came to a minimal. In 1975 and 1976 it was also reduced but this was compensated by the very high amounts cultivated which is shown in Graph (3).



Graph(2)

Graph(3) shows the amounts of cultivated opium trees which has increased continuously since 1972 and reached the peak in 1976 up to 865374 trees were discovered .

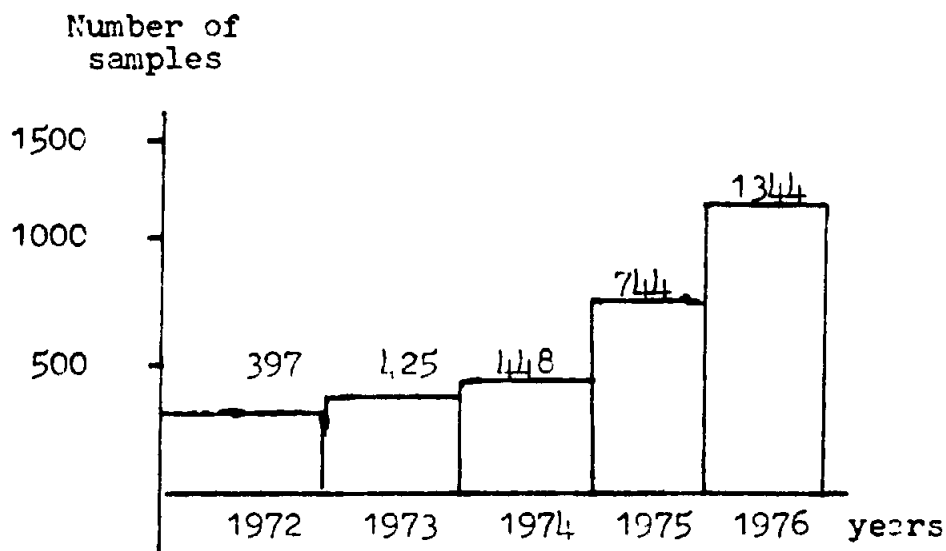
This throws light on the seriousness of the problem and also shows th t while the Police Authorities are successfully controlling the borders tha black market people increased their activities inside the country in cultivating opium trees.





Graph(4) shows the number of seized drugs and sent for laboratory analysis in the Medical Legal Department.

It is noticed that these samples include amphetamine, barbiturates, mandrax, metholone and others. The graph denotes that synthetic drugs are spreading far and wide.



#### V. Assessment of the Problem

Until the present time there is no valid statistics which can indicate the exact size of the problem .

There are several indices which can point to the seriousness of this problem :

1. Seized illegal narcotic by the Police indicate that the size of the problem is increasing continuously.
2. Referring to the report done by Dr. A.H.Tuna during his visits to Egypt 1974 to evaluate the treatment of drug dependence at the Ataba Clinic , he mentioned the following :

" In order to arrive at some plausible estimates of the magnitude of the problem in the general population , two separate approaches were taken : (a) a group of twelve clinical psychiatrists with extensive (5-15 years) experience in public health facilities were asked for their impressionistic estimates of the prevalence of drug abuse in Egypt and (b) official figures on the annual amounts of hashish and opium seized by the Narcotic Control Administration of the Egyptian Police(7) were used as the experienced clinicians was that hashish use in the general population was wide-spread but virtually limited to adult males. Prevalence was thought to be possibly as high as 10 per cent of the adult population . Chronic opium abuse was thought to be prevalent among about 25-33 000 persons, mostly older males who are in lower socio - economic status. The use of both drugs was thought to be concentrated certain areas of Cairo and aimlarly in certain parts of other large cities of the country.

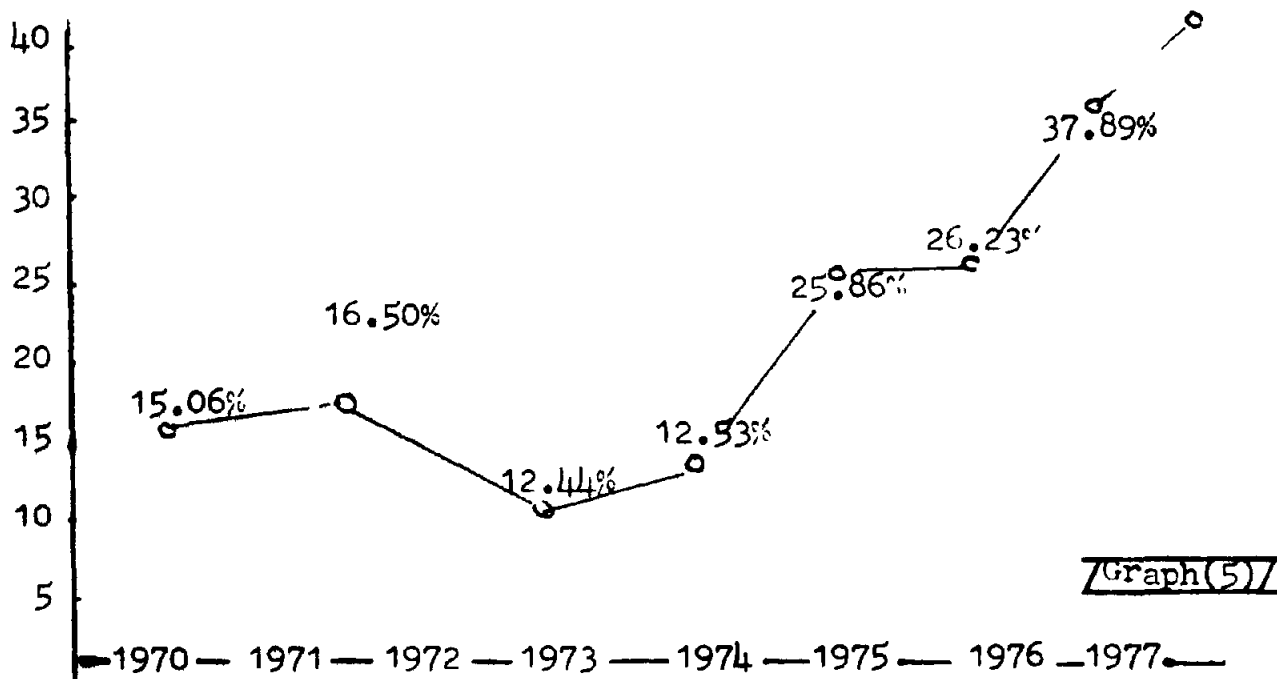
For the Cairo area as a whole , there was a consensus of opinion among the clinicians interviewed that approximately Darbelahmar( particularly El Batnieh) Ataba , Alwaili, Almohammadi, Bab El Shaeryeh, Algeezeh. In one of the above mentioned districts , Darbel Ahmar ( El Batnieh) , the percentage of drug abuse was thought to be as high as 30 per cent of the adult residents. The estimated number of opium and hashish user in Cairo who may seek treatment was estimated to be around five thousand.

Estimates based on current supplies of opium and hashish seized by the police and on estimated supplies not seized , appear to also converge around 25-30 000 individuals for opium use. Estimates of Hashish users on the basis of estimated supplies are more difficult to extrapolate because of the more varient quantities and patterns of its use.

These rough and highly tentative estimates of prevalence through impressionistic , limited in value and thus subject to change on the basis of better data, are the best that could be assembled under the present circumstances . Clearly opium presents a notable problem for the country , though it is not as acute or as severe a problem here as it is in some of the other countries in the Region. Hashish use is more widespread and it is, therefore, a hazard to a greater number of people."

3. Analysis of the annual statistical data collected from Ataba clinic since 1970 shows the percentage of younger age group amongst total cases admitted has regularly increased from 1.7% up to 15.3% in 1977.

There is also a change in kind from traditional drugs to the synthetic drugs as shown in Graph(5). The percentage of synthetic drug dependents has more than doubled. From 15.6% in 1970 it rose to 39.31% in 1977.



It is of great interest to denote that the number of female addicts are extremely very minimal, 3 out of 3500 cases were only females admitted to Ataba Clinic. This might be due to the strong cultural attitude against drug addiction, in the Egyptian female specially in the rural areas. This factor needs further study to explain this very low incidence.

## VI. Health Impact

Before dealing with the effect of drug addiction on the health of the addicts, it is worthwhile to mention the health factors that lead to addiction in Egypt.

In rural areas it is widely believed that opium is a potent remedy for bronchial asthma, dysentery, piles, osteoarthritic pains, biliary and renal colic. In urban areas opium is commonly believed to potentiate the sexual set, it is also believed to prolong awakeness and increase the period of working hours.

As for the effect of narcotic addiction on the dependents' health, it is noticed that most of dependents coming for treatment at Ataba Clinic are suffering from mal-nutrition average weight 55 kilograms. This is commonly encountered in chronic opium addicts as a sequel to addiction.

In hashish addiction this finding is not so prominent. In young adolescents addicting to synthetic drugs the physical and mental deterioration takes place very quickly especially these addicting to injected stimulant drugs.

Marked confusional states are encountered in cases admitted to mental hospitals suffering from acute confusional states due to amphetamine intoxication. These cases are unable to volunteer for treatment in the specialized O.P. clinics.

Livercirrhoses is common in Egypt as a result of Bilharziasis and Dysentery. Those who depend on injected stimulant drug suffer the severe complication of liver failure. It is noticed that dependents using injection as a route of administration has increased from 0% to 10% in a period of 7 years ( 1970 - 1977 ). See Table (6).

Year	% of dependents using injection to the total number of admission
1970	0,5 %
1971	0,4 %
1972	-
1973	2.5 %
1974	3.6 %
1975	6 %
1976	2 %
1977	10 %

Table(6)

In the area of mental health , it is noticed that most of cases have personality changes which vary from anxiety to psychopathy. When cases suffer from addiction their mental state deteriorates the more. Their working capacities and social functioning become minimal.

Severe confusional states with psychotic episodes was noticed as an epidemic in labourers working in the High Dam at Asswan , This was due maxitone addiction used by a foreign agency and that was wrongly believed to increase their working capacity.

Though this phenomenon originated in a limited area at Asswan yet it soon spread to other working areas.

Clinical observation denote that severe personality changes or severe deterioration due to addiction is always of a bad prognostic sign.

## VII. Social Impact

Addiction weighs heavily on the addicts income specially among workers whose wages are limited. The more the addiction the more the expenditure on drugs. The situation worsens. Still as a result of the diminishing working capacity of the addict. In some cases the income is totally exhausted on drugs leaving

almost nothing to the remaining members of the family. Such a situation created serious social troubles such as divorce, homelessness and unemployment .

In such a vicious situation some addicts resort to criminal acts so as to satisfy their unsatiated desire for drugs .

A study of a 100 random sample of Ataba Clinic, opium addicts show that 34% spent 20% of their income on opium , while 19% spent 50% of their income on it.

### VIII. Economical Impact

It is roughly estimated that the number of drug addicts in Egypt amount to about 500,000 persons. This has a far reaching effects on the countries economy which is necessary deprived of the working capacity of such a huge percentage of man-power . The situation becomes more serious as a result of the emigration of the active members among the working class which is taking place seriously at present.

The dependents are not ambitious enough to increase their income either through emigration or active participation in the countries economy and so created a lot of waste in man-power which is negatively reflected on the countries economy.

On the other hand there is a considerable leak in the countries foreign currency which is used by smugglers to bring in huge amounts of narcotic drugs. Besides the country is forced to increase the police forces specialized for combating drug trafficking.

Added to this , much effort is dedicated to the treatment of addiction .

All these types of expenditure must affect the countries economy.

## IX. Major Policy Approaches

The High Committee for combatting drug dependence has formed two sub-committees the 1st for prevention and the 2nd for treatment and rehabilitation.

Recommendations of these sub-committees have been put and distributed for application in the different ministries.

### A<sup>o</sup> The Broad Frame-work for Prevention

1. Community involvement in the problem of orienting the public about the different factors which plays a role in drug dependence.
2. Orienting the public about the physical , psychological , social and economical dangers of drug dependence.
3. Immunizing the risk group of the population and critical ages by paying attention to the psycho-social needs of these groups.
4. Correcting the inherited false believes about drugs using the religious people as mass-media of much faith in them .
5. Directing the voluntary organizations to work in that important field .
6. Enforcing the work done by the police authorities about the problem from its multiple sides.
7. Arranging talks delivered by the professional people working in the field , these should be held in the different sectors of the population and should include a dialogue to potentiate their effect.

B<sup>o</sup> The Broad Frame-work for Treatment and Rehabilitation Treatment

1. It has been decided that the policy of the country as regards the treatment of drug dependents should be mainly voluntary in O.P. specialized Clinics to which is attached 20 beds for in-patient treatment of special cases. This will help the dependents to be located in their own community.
2. These clinics should open in the afternoon to allow the dependents to continue their work career in the morning and come for treatment in the after-noon.
3. The O.P. clinics should be as near as possible to the infected areas to attract the addicts for treatment.
4. These clinics should have a club attached to it to resocialize these addicts.
5. The treatment should deal with the physical , psychological and social problems .
6. The use of trained religious people in the team of the clinic helps much in the rehabilitation programme.
7. Insulin treatment which has been tried in Ataba Clinic is under evaluation together with other approaches.

C<sup>o</sup> Rehabilitation

The policy of rehabilitation of drug dependents which began in 1976 and is applied in three clinics in Cairo is under evaluation to select the optimal programme to be applied all over the country.

It is clear that one of the major policy is to stimulate research in the different aspects of the problem utilising the different research organizations.



This general policy is implemented in the different areas working in the field.

According to this major policy the different ministries have put their programmes for fulfilling this policy.

1. The Ministry of Health

- a) Drug dependence being a mental health problem , all efforts in the mental field is dealing with it in the preventive and therapeutic aspects. This starts with the general practitioner in the basic health service being the front line of all medical approaches, referring to the more specialized services , i.e. the psychiatric services in the Mental Hospitals.
- b) The Ministry of Health being the controlling body over production , importation and distribution , is always keeping an eye over these channels to avoid abuse and to early detect the depending sequally of new drugs.

2. Ministry of Social Affairs

Rehabilitation of drug dependents is one of its main function as well as dealing with the Social Sequally of drug dependence for the individual and his own family. There has been wide approaches to Social Security which has covered most of the population .

Drug dependents has been considered as suffering from a handicapping disease. They take advantage from the laws concerning the handicapped as regards employment.

3. Ministry of Interior " Department of Combat of Narcotics"

This active department worked in combating in Egypt since a very long time and is considered the early department which dealt with the problem before drug dependence was considered as a disease.

Its function is locally , regionally and Internationally. This department is keeping an eye on illegal importation and also on illegal distribution and cultivation.

4. Ministry of Information

Special regular programs in T.V. , radio newspapers , magazines , general and specialized are held .

5. Ministry of Justice

There have been a growing insight about the problem since the drug dependent was considered as a patient.

It is apparent that the laws were changing according to the scientific researches and the attitude of the Community taking into consideration the International treaties.

6. Role of Voluntary Organizations

a) The first voluntary organization specialized in the field was the Central Association for Prevention of Alcohol and Drug Abuse. Previously it worked 1st as two separate organizations , one for prevention of Alcohol and was established in 1904. The 2nd was for prevention of drugs . In 1967 they were amalgamated into one Association to potentiate their work in the field of prevention and rehabilitation both for alcohol and drugs.

Being a ventral association , it has opened three clinics up till now for the treatment and rehabilitation of dependents.

This association is working in the following fields:

1. In the field of prevention by fulfilling different programs.
2. In the field of treatment by a special policy using insulin modified treatment in detoxification of addicts.
3. It is also working in the field of research and has published in 1976 a study of 100 opium addicts.
4. Training of personnel working in the field.
5. Participating in local regional and international Seminars.

b) The Egyptian Association for Mental Health P Branch of the W.F.A..

One of the major interest of this organization is in the field of combat of drug dependence. This is carried mainly in the preventive aspects through

- 1) talks to different areas of the population,
- 2) the magazine of this organization is always involved in putting in front of the public all recent trends in that problem . The members of this association are multidisciplinary and so the approaches are from different aspects in mental health Seminars including drug dependence.

c) The Egyptian Psychiatric Association

Being a specialized organization in psychiatric problems, care for scientific research and participating in training for the medical personnel . Its magazine, " The magazine of the Egyptian Medical Association" gives special interest in the problem.

- e) The Ministry of Social Affairs recognizing the seriousness of the problem is encouraging the different voluntary organizations to share in the preventive , curative and rehabilitating activities.

f) Religious Organizations began to be involved in the problem. A modern trend appeared since few years trying to activate the function of the mosques and utilize the potency of the religious atmosphere in solving some of the problems of the population.

It is unique that Sayeda Clinic which is attached to a Religious voluntary organization has started opening a club besides the mosque where dependents are treated in this religious atmosphere which enhances the resocialization.

Religious activities also help in reducing anxiety and tension of every day life. Many drug dependents have escaped their difficulties through dependence to drugs. Religious praying, persuasion and suggestion can help prevent relapses back into drug abuse.

It is of interest to mention that during a group meeting in the club one of the dependents was missing. This created some anxiety about his absence, and when they knew the cause that one of his relatives dies, they went in one group with the religious men to grief.

This new approach needs to be evaluated especially if it fits with the culture.

Statistical data gathered from Ataba about the concept of religion as regard drug dependence shows that about 50% does not recognize the religious rules regarding the use of drugs. Most of these dependents has an undeveloped super ego. This is one of the important functions of the religious man in the team.

#### X. Integration of Treatment Facilities into Health Services

The recent policy of the Ministry of Health is to integrate mental health services in health services both curative and preventive functions. This has been gradually taking place since 1952. At present Mental Health services are available in all provinces

in the psychiatric departments , in the general hospitals and university hospitals.

Drug dependent treatment has been implemented in the function of the psychiatric units. This policy of the Ministry of Health at the present time has also taken a further step in extending the mental health services to the rural areas. There is a collaborative study done by W.H.O. in four areas of the developing countries.

Egypt has been involved in this study this year. One of the provinces " Fayoum" has been selected for this project. The aim is to study (1) the attitude of the community towards mental health, (2) knowledge and attitude of the medical staff towards mental health problems , (3) prevalence of different mental illness in these communities, (4) priorities and intervention , (5) utilizing local health staff. This study will include drug dependence problem as a part of its function.

This will help very much in the intogration of treatment facilities of drug dependence even to the peryphery to the deprived rural area where 40% of the population are living.

## XI. Training Activities

### 1. Medical Staff :

- a) The undergraduate teaching in the different medical schools includes background data about drug dependence in pharmacology , medicine and forensic medicine.
- b) The post graduate teaching in medicine , forensic medicine , psychiatry and neurology cares with the peoblem .
- c) School of Pharmacy undergraduate and post graduate teaching also care in training.
- d) Medico legal staff and the laboratory staff receive adequate training.

All these training courses help to give basic knowledge .

- e) There are refreshing courses for these who work in the specialized units.

2. Nursing Staff :

The curriculum of the general nurse have considerable teaching in mental health and it includes some lectures about depending.

3. The Social Worker :

Usually the social workers who serve centers for drug dependents are selected from those who have a long experience as a P.S.W. They also have refreshing course at the beginning of their work.

4. Police Staff :

The undergraduate and post graduate police staff are trained in their schools.

Those who are working in the department of combat of narcotics are trained in that department.

5. Religious Peoples :

These are given 10 hours training to help them understanding the problem. This creates an atmosphere which helps them to utilize the religious facts about addiction in their daily work.

The Arab League

The Department of Social Defence arranges annually training courses for police staff working in the control of narcotics of the Arab Countries.

## The W.H.O.

Many fellowships were granted for training in specialized centre in advanced units . This is beside **Seminars** held by W.H.O. where responsible personnel participate in the local regional and international Seminars. This held very much in potentiating training activities.

## Education of the Public :

This is now taking much attention by public media " T.V. radio , magazines and news-papers ".

The Television has prepared some films about health, social economic and legal consequences of drug dependences. These films beside a special film on the treatment plan carried at Ataba Clinic is regularly delivered in the T.V. programmes .

## XII. Research Activities

1. The National Institute for social and oriental research is carrying a research on the problem of chronic Cannabis dependence. Two studies have been carried, 1st - 1960 methodology of the research on chronic cannabis consumption , 2nd - 1964 A pilot in the City of Cairo about chronic cannabis consumption. Two volumes have been issued about the results and recommendations of these two researches in Arabic.

14 other papers have also been issued in English concerning the different results of these researches. Dr. Mustafa Suef is the director of these two researches.

2. The psychiatric Departments in the universities take interest in research about the problem.
3. The Central Association for prevention of alcohol and drug dependences has carried out a study on 100 opium addicts in a random-sample collecting data about etiological factors, pattern of use and age group and other Socio-economic factors.

Several papers have been submitted about the problem of alcohol drug dependence in the Pan-Arab Congress held by the Arab League. Two Seminars in Cairo, one in Beirut, one in Bagdad, one in Saudi Arabia. There are other seminars with collaboration between the Arab League and the I.C.A.A. held in Bahrain and Sudan.

A project for the evaluation of the Insulin treatment carried in Atab Clinic on detoxification, opium addicts have been approved by the Ministry of Health and has been forwarded to National Institutes of Drug Abuse, U.S.A. The research will be in collaboration with the Central Association for Combat of Alcohol and Drug dependence.

### XIII. Funding Policies

1. Apart from the activities of the psychiatric services funded by the general fund of the health services, the Ministry of Health is supporting and encouraging the Voluntary Organizations by annual funds. These funds have been raised in the last few years to cope with the increase on work in these organizations.

The Ministry of Social Affairs takes the responsibility of the main funding and all voluntary organizations including drug dependent associations.

2. W.H.O. Funds

W.H.O. has sponsored fellowships and have invited participants to attend Seminars on drug dependence.

3. United Nations Funds

The United Nations has recently assigned 80,000 \$ for Egypt to establish a central laboratory for analytical purposes in the field of drug abuse, 4 fellowships, one expert in laboratory researches and a vehicle.



4. The activities of the Department for drug control is funded from the Ministry of Interior. A percent of the confiscated money of the smugglers is used as incentive to those activity working in the combat .
5. Researches are funded according to the responsible place where it is carried.

XIV. Since 1957 , the beginning of the present regime , severe penalties have been inflicted on those who traffic in Drugs or consume them. In 1960 the penalties were increased up to capital punishment for recidivists . At the same time, drug dependents were considered patients and the law permits them to have treatment including hospital care. In 1961 those dependents who accepted medical treatment were exempted from any punishment . They were given a compulsory treatment in wards in Mental Hospitals as a temporary solution for the treatment of these cases.

A ward was opened in Khanka Mental Hospital, about 20 kilometers outside of Cairo where dependents were sent by the courts and the police or those who ask voluntarily for treatment. Another ward specialized in Abbassia Mental Hospital in Cairo for treatment of female patients. However , it was noticed that dependents were reluctant to carry on with the treatment in these wards, Those who were admitted asked for quick discharge before the minimal time limited for treatment ended.

Meanwhile , the troubles they caused were endless and the rate of relapse was very high.

As a result of these problems , the therapeutic teams as well as the general public asked for a more suitable place for treatment and a change in the therapeutic policy .

This trend opened the way for treatment of these cases in the Community in the Out-patient clinics and the specialized units. Though this was not going with

the words of the law , yet it was applied and gradually accepted by the Community.

It was noticed that those dependents coming for treatment in Ataba in the early days of its opening were suspicious and terrified that the clinic might report their names to the police.

These phobias decreased by time and after one year from the beginning of the work of the clinic the admission rate increased to a high peak denoting that the public opinion has changed. This was due to the massive mass-media carried by the public education programmes by T.V., radio , news-papers, magazines and films.

This kind of relaxing the concept of the law is a credit to the Central Association Board which comprises multi-disciplinary bodies , doctors , psychiatrists , social workers, law-people and the head of the police department for the combat of drug is a permanent member of the board.

Cases suffering from behaviour disorders or anti social acts are treated in the same places as others. If these cases broke the law they are compulsory treated in the closed wards for a certain period which is decided by the court.

Those cases who are suffering from psychoses as well as drug dependence are treated in psychiatric wards , these are considered as irresponsible for the criminal acts .

Traffic laws at present deprive the drug dependents as well as alcoholic drivers from their licence for a period according to the severity of breaking the traffic law.

The drug dependent or the alcoholic if he is driving under the effect of any narcotic is considered as guilty even if he is victim of the accident.

XV. Response to International Treaties

1. Since 1930 Egypt is a permanent member in the Committee for Combat Drug Abuse.
2. It is a member in the I. N. C. D.
3. It participated and has signed the single convention on Narcotic control 1961 and has put it into action.
4. Egypt also participated in the convention on psychotropic substances 1971.
5. Egypt has also agreed in 1972 on the protocol revising the single convention for Narcotic Control.
6. The Ministry of Health revised the tables for narcotics which were mentioned in the Law for Narcotic Control, issued 1961. This happened specially after the putting of action of the psychotropic convention. A Ministerial Decree was issued on the 22nd May 1976 where the narcotics mentioned in the tables of the psycho-tropic convention were introduced in the Egyptian narcotic tables.

This was done to enable the Ministry to control the production, importation and distribution. Egypt is considered one of the 1st countries which added to the narcotic table Amphetamines, short acting barbiturates. "Seconal" L.S.D., T.H.C., "Trihydrocannabinol". It has also added Metqualone which was mentioned in the 4th table of the convention. This was put in the 1st table for strict control on the basis that it is one of the narcotics that all medicaments that contain any amount of metqualone is submitted to this control whatever amount it contains.

Codeine was used as a substitute to opium and so all medicaments containing codeine were all submitted to control.

Codeine medicaments should not be dispensed except by a prescription which should be kept in the pharmacy so that it will not be repeated again.

This control helped very much in reducing the amounts of codeine consumed all over the country from 1000 kilograms to 600 kilograms.

The Ministry of Health is keeping an eye on other psycho-tropic drugs which might use addicting properties to add it to these tables for thorough control.

A new article has been issued No.167 during 1977. This has scheduled Pentazathine Sosigen , Fortral , Thalour preventing giving more than five ampoules of the 3 milligram amp.

#### XVI. Prevention Activities

1. The psychiatric units all over the country have therapeutic and preventive function . The early detection of cases of dependence whether primary or secondary to mental illness is considered as a preventive measure.
2. The establishment of specialized units and rehabilitation clubs has attracted the attention of the Community . As a result of this the Community has been involved in the preventive measures.
3. The specialized services for drug dependents has also a therapeutic and essentially a preventive function .

The prevention activities start from the dependent and by the public in large .

The dependent is allowed to share in the activities of the clubs attached to the clinics even he is free from drugs he is used by the team to give insight through mass media in the T.V. and other ways of public communications.

The family of the dependent is another approach on the preventive technique. Such families are considered as rest group. The team of the clinic works with these families to help the predisposed personnel before breaking to addiction .

The dependent is persuaded to motivate other dependent in his previous society to bring his friends to the clinic and this has been of great value as a secondary preventive step.

The continuous contact of the social workers during his visits to the dependent society has also repercussion on early detection and spread of knowledge to the community. This face to face interview is one of the potent preventive steps.

The clinic also share in educational programmes by holding meetings in the clubs attached to the clinics. In these meetings are invited the nearby community , the relatives , some specialized group as the religious people, social workers, students of social worker schools and others.

This is also recognized as a wide preventive policy .

These sessions are carried out in a dialogue form. The dependents themselves participate in the dialogue.

The team of the clinics also share in extramural activities in the schools , factories and other groups where they try to change the false fixed ideas of the community regarding the effects of drugs.

Local , regional and international seminars for preventive programme are also of great value for planning for prevention.

The active department of police combat against drugs is another enforcement in the field of prevention. It was noticed that while the police is active in holding the problem by a powerful grip the admission rate to the clinic gets high and high.

The enforcement that the religious people can add to the preventive field is very patent.

Alcohol is regarded as prohibited by the Koran and addiction to it is minimal , while the drugs were not mentioned by the name in the Koran . This has lessened the insight of the people regarding the prohibition of narcotics .

There has been a declaration from the religious leaders about the strict prohibition of narcotics on the same level as alcohol. This has not up the present time added to the interited cultural attitude.

It is hoped that by the adding of the religious man to the team of the clinics , that by time these ideas will be implemented in the cultural social life. The establishment of the dependent clubs side by side with the mosque might also help in changing the attitude of the population and will also potentiate the preventive measures.

The policy of developping the function of the Mosque not only as a place for worship but to have a social function. This attitude will help very much in the future of prevention of addiction and other social problems.

### Family Guidance Center :

These are now spread all over the country. The well keeping and maintaining the family ties, solving the problems inside the family specially those of the new married couples immunize the family members and is another way of prevention.

### Preventive Efforts for the Youth

It is notices that drug dependence started to be a problem for the youth in Egypt. Special preventive programmes began. The Central Committee for Social Care for the Youth was established 1975.

The Committee coordinated its activities with the Egyptian Association for Mental Health and with the Central Association for Alcohol and Drug Combat. Special programmes in the field of prevention took place using talks , dialogues in the schools for the student's , parents and the school staff.

### Recreational Activities

Opening social clubs all over the country is a prevention measure. Much more efforts are needed to cope with the seriousness of the problem. We hope that deepening the last mentioned activities might add to the efforts needed for the combat .

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TECHNICAL ASPECTS OF TREATMENT AND  
REHABILITATION OF DRUG DEPENDENT  
PERSONS IN EGYPT

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TECHNICAL ASPECTS OF TREATMENT AND  
REHABILITATION OF DRUG DEPENDENT  
PERSONS IN EGYPT

Treatment Facilities

1. Drug dependents were considered by the Law 1960 as patients . Since that date they were given a compulsory treatment . A ward was opened in Khanka Mental Hospital, 20 Kilos away from Cairo, for treatment of cases referred by the Court and cases who volunteered for treatment . In the same time another ward was opened in Abbassia for treatment of female dependents .

This was the first facility available for the treatment of these cases .

2. A second approach to the treatment facility began with the opening of psychiatric O.P. clinics which spread all over the provinces in the general hospitals .

Those cases needing to these clinics.

3. It was in 1960 that the first O.P. clinic specialized for the treatment of drug dependence was established by the Central Association for the Combat of Alcohol and Drug Dependence . A community based organization . The board of this organization is planning to open other specialized clinic all over the country. Two other clinics have been opened , one in Waily District in the North of Cairo , the other in Sayeda District in the South of Cairo 1978.

4. Social Rehabilitation Units . Three other clinics were also opened in Cairo 1976 by the Ministry of Social Affairs . The aim was to study pattern of dependence in Cairo dependents , the apply the social rehabilitation club approach in the field of dependence.

5. The medical schools O.P. departments are also helping addicts seeking their advise . A special clinic has been opened in the O.P. department of El Azhar University.

## II. Treatment Method Used

1. Cases admitted to Khanka Hospital were treated according to a special policy which used sudden withdrawal of drugs , at the same time supporting the patients with adequate physical and psychological help using psycho-social support .

This helps the dependents developing self-control, self-dependence and building their super-ego . It was carefully planned that the availability of the narcotic drugs should be well controlled . There was an attempt to study the social background of these dependents, but due the limited personnel and resources this was not completely achieved specially that most of them were of the migrating working class with no facilities for medical social security.

These cases were kept for treatment from 3 to 6 months according to the chronicity , personality changes and social aspects . During the treatment time most of these dependents raised many complaints for early discharge to help their families and to solve their social problems. This policy is now under evaluation according to its results.

2. In the psychiatric O.P. clinics the treatment focusses on dealing with the psychological problems as well as the accompanying depression if it is present.

Several confused cases are admitted to the in-patient beds for psychiatric treatment.

## III. The treatment in the specialized clinic of the Central Association for combat of alcohol and drug dependence has another policy which deals with the problem of addiction from its various dimensions .

- a) It is based mainly on voluntary base and dependents are encouraged to ask for treatment by their own free will.
- b) It is as available as possible for every dependent either a new case or a recurrent case .

- c) It is located in clinics as near as possible to the contaminated areas.
- d) It opens in the after-noon and dependents are asked to keep on working in the morning and come to the clinics in the after-noon.
- e) It has a very reasonable price and dependents share nominally in the price.
- f) It utilizes the psychological potency of the group therapy , in the clubs, recreational therapy and religious healing .
- g) Through social investigation and help is given to the dependents and detoxicating them with insulin modified treatment and caring for their physical and psychological health .

The team of the clinic is composed of two psychiatrists , two social workers , a clergyman and nurses.

#### Aims of Detoxification by Insulin

It was noticed that most of the Egyptian dependents were losing in weight . Their weight was round about 55 kgs. We used Insulin treatment in doses from 10 to 30 units to treat the loss of weight and the accompanying loss of appetite. We realized that the dependents passed the withdrawal period smoothly , rapidly and painlessly .

These observations were sufficient enough to put Insulin as the main method for detoxification in these clinics.

The rationale of this use was the clinical findings which proposes the following :

- 1) Insulin has a central effect on the C.N.S. due to hypoglycaemic action , and so it helps to reduce the craving for the drugs .

- 2) It improves the appetite and leads to increase in weight . This increase in weight makes the patient regain normal physical fitness.
- 3) Insuling treatment has a notable and depressent therapy . Most of the dependents are suffering from depression and so overcoming this factor helps in effecting a gradual recovery.
- 4) Being injectable it is regarded by the dependents as a potent therapy.
- 5) As a result of the quick and continuous change in the physical and psychological condirions the dependent relatives have an increasing faith in the therapy and this raises the rapport needed for the groups and club therapies.

#### proceedings of the Treatment Policy

After the physical , psychological and social examination , the plan of the treatment is clear in front of the team. The patient after being motivated is then asked to promise stopping taking the drugs. He is given the medical treatment needed for his case according to his condirion. He is asked to come daily for the insulin treatment . The insulin dose is matched according to his state . He is given a card as a notice that he is under insulin treatment and if feeling dizzy or fainting he should take adequate amounts of sugary materials. After being injected with insulin , the dependent shares recreational activities in the clinic club . After 10 minutes he is given a cup of sugar and some biscuits . He remains in the club for at least one hour . He is also re-examined before leaving the club. Group meetings are held three times weekly . Religious approaches by the clergy man is also available . Cases in need for specialized physical care are referred to specialized clinics.

Cases who were suffering from accompanying depression were treated with antidepressent drugs. Those suffering from insomnia or anxiety were given adequate treatment policy , the clinics arranged outings to Summer and Winter recorts . Dependents were asked to form their own

daily program under the supervision of the therapeutic team. Some of them took part in T.V. and radio programs and explained how they managed voluntarily to overcome their drug habits. This helped very much in further motivation and bringing other dependents.

This treatment program is carried in the community clinics and so easily available. Its price is very cheap and thus accords with the social standard of the addicts. Being painless and quickly has stimulated the addicts to persuade their friends to come for treatment.

It is carried voluntarily and so has stimulated the addicts will power to share in the treatment.

### Treatment Policy of the Social Rehabilitation Clubs

The treatment policy is based on three phases:

1st phase Collecting data from the dependents by the psychiatrist, social worker and psychologists. The aim is to study the different factors which are responsible for dependence, the study of the personality of the dependent, pattern and type of dependence.

The emphasis is on the social factors which have created dependence and the sequelae of drug dependence.

2nd phase Individual planning for the treatment and attending rehabilitation.

3rd phase Follow up of cases after being relieved psychologically and socially. This is carried every three months.

### Intake, referral and Follow-up of Patients

#### Intake

1. Dependents have been motivated by the new policy to seek treatment either in the specialized C.P. clinics of the Central Association for Combat of Alcohol and Drugs, or in the Psychiatric State Clinics in the general hospitals or in the rehabilitation clubs. Some of them seek treatment in the private psychiatric beds.

2. Cases admitted to emergency beds due to over-dose crises are referred by the doctors to begin their treatment of demendence.
3. Unemployed and homeless cases are referred to special organizations to have their residence and treatment.

### Fellow-up

In the specialized O.P. clinics cases are asked to come for follow up in O.P. Clubs. They are followed and helped physically and psychologically . Some of those who stopped coming for follow up are visited by the P.S.W. or by one the ex-addicts to motivate them for further follow up.

One of our main defects in the treatment program is the lack of laboratory investigation for diagnoses and evaluation of the treatment plan.

Thanks to the U.N. and the W.H.O. who are now providing the Egyptian Government with a suitable laboratory equipment and helping in training needed personnel.

### Community Liaison

It is interesting to say that the first temperance movement began in the Ancient Egyptian time 5000 years ago. This was the first time to involve the community against alcohol.

1. In recent days the first organization to work in the combat was the Central Association for Combat of Alcohol and Drugs since 1904. Since 1968 this Association began to open the first specialized clinic . It is helped financially by the Ministry of Health and Social Affairs. Its activities are coordinated hand in hand with other programs . It happened that when the rehabilitation clubs began to work they used to give incentives to dependents visiting them . This affected the admission rate in the specialized O.P. clinics. When this was realized coordinating steps between the work of both those facilities began and this led to mutual benefits.

2. It is now a new trend that other social and Religious Organizations are beginning to add to their functions to the field of combat of drug dependence. This will help in adding more efforts to the field of treatment and follow up.
3. The Arab League 2 Department of Social Defence" takes special interest in the problem.
4. The Egyptian Association for Mental deals with the problem from the preventive side and the Egyptian Psychiatric Association adds more efforts for research and training .
5. The National Institute for social and Criminal Research is deeply involved in research activities since 1960 and is also giving more efforts for training up personnel.

#### Patient Characteristics

The Ataba clinic has arranged a research project to investigate throughly 100 cases of opium dependents using a special designed structured interview schedule.

These are some of the results . Cases were chosen randomly :

1. Age: 46% of opium dependents coming for treatment are between 40 - 50 years.

15% are below 40 years.

Most of these dependents began their dependence 15 years on the average before coming to treatment.

2. Marital Status: 92% of those coming for treatment of opium dependents are married , this may be due to the false effect of opium on the sexual potency and this leads the dependents to seek abstinence and ask for treatment of their sexual weakness.

3. Educational Standard:

87% have not finished their elementary education,  
 5% have attained the elementary education,  
 6% have attained the secondary education,  
 2% have higher qualifications .

This means that addiction to opium is mostly amongst the uneducated.

4. Employment :

94% were employed  
 6% were unemployed

5. Number of Children in the Family:

59 have 6 children or more ,  
 20% have 5 children,  
 9% have 4 children,  
 7% have 3 children,  
 2% have 2 children,  
 3% have 1 child.

6. Number of Rooms:

43 one room ,  
 22 two rooms,  
 19% three rooms,  
 16% four rooms.



7. Income:

70% earn less than 40 pounds,  
 from 50% to 60% of the income is spent on getting  
 drugs in 19% of cases.

85% of cases spent 13% of their income on drugs.

8. Working Hours:

55% of cases work more than 9 hours per day.

9. Number of taking opium per day:

24% once

47% twice

26% three times

3% five times

10. Time of Use:

3% at night

12% during day

85% all times

11. Mode of Use of Opium:

100% by eating

12. Setting of Use:

77% of cases use it alone.

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