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Drug Dependence

by

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Drug dependence remains one of the major long-standing medico-social dilemmas, faced by all-over the world.

In every country, regardless of the extent and nature of the drug problem, there are three factors inter-relating namely, the socio-cultural conditions, the psychological susceptibility of individuals, and the Government policies against the dependence-producing drugs.

The character of these factors have made a notable difference in the extent and pattren of drug dependence in different regions and countries of the world. Thus a unified method to deal with this multi-dimensional problem may never be found. Most of the countries, particularly in EMR, do not have adequate resources and also enough insight to tackle the various aspects of the problem. Moreover, no single country, however, resourceful, can solve these problems in isolation. Arbitrary attempts at sealing the borders, or controlling the sale, growth or trafficking of drugs, is only one way out of many others whose aims would be to identify the causes in a given country, in the background of the socio-cultural settings that exist and tackle it at the grass-roots level.

It has become important that knowledge about incidence, causation, control of drug abuse must be freely and frequently exchanged amongst various countries to enable the programmes to be brought uptodate.

We have to exchange ideas to learn from each others experiences and to avoid others' mistakes and also show enough flexibility to adjust each programme according to the needs of the society and coordinate with others in order to become more successful in this endeavour.

WHO's efforts to deal with the problems associated with alcohol and drug dependence are a specific example of the work carried out within the mental health strategy. Since its inception in 1948, the World Health Organization has been increasingly engaged in the field of drug abuse and within its manadatory purview as the directing and coordinating organ of international health, its role has been significantly developing.

Many of the rural, agricultural areas in this region such as Afghanistan and Pakistan, where opium is produced, have little or no health services. Frequently opium is the only medicine available and, therefore, it is used widely for symptomatic relief of pain and illnesses. In these areas, simply eliminating opium production, without providing alternative systems for treatment of the illnesses common to the region, is insufficient. A direct, mutually helpful relationship between primary health care and drug dependence programmes in countries with a serious drug problem is a logical, realistic and positive thrust . So all the efforts for control of drug abuse have to be co-related with primary health care, country health programmes and within the context of general mental health care.

NATURE AND EXTENT OF PROBLEM

During the past decade, some visible changes have taken place in the pattren of drug abuse-viz Drugs traditionally used in certain parts of the world have become popular in other parts and vice versa, more adolescents taking drugs, and their use has also extended to the female population in a region hitherto relatively resistant to change in social behavioral pattrens. Serious concern has been recently shown about the noticeable shift to the use of synthetic drugs.

In some countries of the region like Pakistan, it is felt that some of the underlying causes for the emergence of the drug abuse problem was loosening of family ties and disintegration of family unit, leading to loss of 'sense of belongingness'. In addition, religious and moral influences, which traditionally lead to 'sense of direction' were gradually being eroded and that the young people were being widely exposed to foreign influences and pseudo-cults leading them to drug taking environment.

Contributory causes include the stresses of modern, complex, urban life with problems of unemployment and rising cost of living. Experiences of psychiatrists in our country show that pre-morbid personality and psychopathology, which are often disregarded, are important determinants, hence emphasizing the evaluation of underlying medical, psychological and social factors leading to drug-taking behaviour.

While in developed Western countries, the young, angry and rebellions people ACTIVELY seek drugs as a refuge or revolt against the social order.

In some countries of this region, particularly Pakistan, the phenomenon is PASSIVE.

The vulnerable, the illiterate, the unemployed, the homeless, fall prey to abuse of drugs. Others are those who are seeking a remedy for their ailments in the absence of scientific medical help and a significant proportion of drug dependents are those who lack sex education and initially start taking drugs with a pseudo-belief of aphrodiasic effect of the drugs.

WHAT TO DO?

Once the drug-dependence starts, it requires a wide range of health facilities and services to treat and rehabilitate them in a country. Services should provide medical care for detoxification, medico-social rehabilitation, vocational and educational counselling, psychotherapy, social services for patients and their families and long term follow-up to fit each individual needs. Facilities to provide these comprehensive services should be a part of the community mental health programmes, with the principal aim of improving personal and social functioning of the individual drug-dependents and also helping the drug-user to learn to live independently and harmoniously with others in the presence of drugs without becoming dependent on them. Such an ideal operation, which is run by psychiatric and allied professionals and para-professionals with a team approach is rather expensive for many countries of the region. Each country has its own limited financial, manpower, and technical resources. So the intervention programmes in individual countries of the region

have to be planned taking into account the priorities, constraints, the society's reaction to a drug abuse problem, and best utilization of existing resources. Drug dependence, in most parts of the world, being regarded as a typical multi-factorial problem requires a broad-based multi-disciplinary approach. In addition to involvement of medically orientated people, the need to associate educators, psychologists, sociologists, social workers and other professional categories will most probably be evident as time goes on and a better balance will be required.

It is fairly common in the countries of this region that the relatively few cases of drug dependent persons, who actively seek treatment, are being treated in acute admission units of general hospitals or in regular psychiatric institutions, hospitals or departments. Although, from a technical point of view, it is desirable to have special units for drug dependent persons, it is by no means an absolute necessity. As psychiatrist and psychiatric para-medical personnel are used to treating patients, this modality may well be the most practical one, in the beginning.

Also, from the point of view of general medical support services, consultations by other disciplines, laboratory services and logistics, it is practical to run a treatment programme as closely as possible to existing services.

Primary prevention is the most important, but as yet the most

controversial and complex issue. The main reason is that the problem to be prevented is a typical multi-factorial one , which has its roots in the very socio-cultural, ideological/religious, economic and political fabric of the society in which it occurs. The reason why primary preventive programmes against drug abuse have not so far been successful, is difficulty in achieving inter-departmental coordination between multiple disciplines. There has been common agreement on the long term efforts in the education and prevention field. The following statement quoted from the report of a WHO Expert Committee on Drug dependence (WHO Tech. R. Series 1970, Vol. 460 P.33) :-

> "The dissemination of factual information about the effects and circumstances of use of drug-dependence is necessary to satisfy the considerable demand for such data and to avoid the dissemination of inaccurate and even false information by uninformed ....."

We may give this factual information to a certain group, such as, physicians and health personnel, social workers, educators, head of the families. In the presence of the problem, we would inform the misinformed group but we must avoid creating unnecessary concern and curiosity about drugs in the absence of an actual or potential problem in a given community.

There are 'merits' and also 'hazards' in using public information services to disseminate educational material about drug-dependence to uninformed groups. We are aware that the drug problem does not occur in isolation and the programmes designed to reach children and youth and other members of the families should be directed toward reducing drug abuse as well as other forms of self-destructive

behaviours, such as juvenile delinquency and other forms of maladjustments.

Bearing in mind the control measures on availability of drugs, the effectiveness of enforcement measures to repress illicit traffic domestically and in cooperation with the international efforts depends on the current measures to control drug dependence by preventing production and at least reducing the use of dependence-producing drugs in every country.

LEGISLATION

Drug-dependence is linked to crime as a cause and as an effect. The problem is the one that requires the attention of the whole community, including Governments, leaders, jurists, educationalists and the medical profession, with the technical advice and support of psychiatrists.

There are three main categories of legislation which are of special importance for the successful planning and implementation of treatment and preventive programmes, namely :-

i) Legislation concerning drug related crime. If drug dependent persons, who because of nature of their condition, will be handling and possessing illicit drugs, are considered as 'criminals' rather than 'sick', and legislation to that effect is strongly enforced, they will neither show up for assessment, nor for treatment. Thus, a rigid, inconsiderate and indiscriminate legislation may be deterrent rather than conducive to treatment.

ii) Issue of compulsory versus voluntary treatment.

In most countries and certainly in Pakistan, we feel there is a need for the provision of both types of treatment. A useful compromise would be to have voluntary treatment as the normal procedure and reserve the possibility of compulsory treatment as exception in specially difficult, complicated and dangerous cases.

iii) Finally effective enforcement of drug control legislation as defined by the International Treaties.

Countries need to look closely the control and handling of licit drugs, particularly synthetic psychotropic drugs, since there is enough evidence to suggest a close relationship between illicit and licit drugs demand. Regulations and habits related to drug prescription are too linient and the Governments, pharmaceutical industries, medical profession need insight, and collaboration to create the basis for such control.

LIMITATIONS AND FUTURE TRENDS

Most countries of the region are faced with several constraints and limitations. The two most obvious and over-riding constraints being the general lack of resources, and low priority rating of drug abuse control programmes. The most serious and attention deserving among lacks of resources is undoubtedly the tremendous lack of trained and qualified personnel, not to mention specially trained personnel. This is true at all levels along the line from top administration officials, the medical profession and para-medical

personnel. Key-persons should be given opportunity to receive training only in countries with similar technical development and socio-economic and cultural settings. Such persons will give training in their own countries particularly to para-medical personnel.

It is fair to say that in certain countries, a substantial reserve of manpower (like community leaders, religious leaders, and practitioners of faith healing) has not been sufficiently exploited. In many countries of the region such manpower, with their special experience and knowledge of people wishes and needs, with additional training, guidance and attitude formation, can fruitfully strengthen the effortsof the existing limited qualified personnel.

At country level, there is a need for close integration of the care of drug dependent persons within the total health system and better coordination with other related social services.

Drug-dependence programmes should be designed to help the countries solve their own problems, to develop their own technology and adapt knowledge from other places to their own needs.

With the recent concept of technical cooperation amongst countries, WHO's programme, are placing more emphasis on utilization of training facilities, consultants and information available from other countries of the same region or with similar socio-economic conditions.

W.H.O's role in effective coordination, and collaboration between the various countries and various agencies involved in drug control activities, is self-evident. A series of international workshops have been planned, with the same objective. During the past few years, several major collaborative programmes have been developed in many countries of the region namely, Pakistan, Afghanistan, Iran and Egypt.

In addition to WHO's activities as International Coordinator, its main aims are integration of drug dependence services within other existing services and training manpower for implementation of drug dependence programmes.

The most important future need, besides increased resources, higher priority and integration in existing health programmes, is better internal and external coordination particularly on the regional level, with the assistance and support of WHO.

Finally, we would like to thank WHO for providing such excellent opportunities for augmenting national efforts with Regional activities, WHO, HQ, togetherwith other international activities, contributions for working together.