

HEROIN ABUSE
A STUDY OF ITS PSYCHODEMOGRAPHIC, AND
CLINICAL ASPECTS AMONG EGYPTIAN INPATIENTS

THESIS

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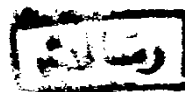
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TO THE MEMORY OF MY MOTHER

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INTRODUCTION

INTRODUCTION

The most recent evidence of drug abuse in Egypt shows a sharp upswing in heroin use since 1983. this conjecture is based partly on the actual amount of heroin seized from 1980 to the end of 1987 (Table A), and on the national and international documents published during this period.

It is very difficult to quantify the accurate number of Egyptian heroin users. In view of this difficulty it is suggested that the problem may be most usefully approached by assessing certain other quantifiable aspects of heroin use disorder . So, if we consider that the average amount of heroin seized by the police, approximately 100 kgm/year, we will find out that the actual amount of heroin available on the black market is approximately 1000 kgm/ year, meaning ten times as much as the amount seized, according to WHO findings (Eid, 1987). So, if we consider the average daily heroin dose is about 1/2 gm/day, meaning that there are six thousand heroin users in Egypt financing their annual heroin consumption by about 400 million Egyptian pounds.

Table (A): Total Amount of Heroin Seized by Police (Official Report)
1980 - 1987

Year	Heroin(kgm)
1980	0.255
1981	-----
1982	0.469
1983	242.8
1984	20.39
1985	123.0
1986	99.0
1987	73.0

Unlike traditional drug consumption (e.g hashish), confined to a small number of people from certain population groups, heroin use involves young people from all Socio-economic strata of society (Okasha, 1985).

This remarkable change in the addict population directs our attention to search for the interaction between the "agent" (the psychopharmacological nature of heroin); the "host" (the psychological-biological make-up of the individual), and social and other environmental factors.

In dealing with substance use disorder, especially the problem of heroin use, the different professions concerned have tended to adopt in the past a singular or simplistic approach, be it legalistic, medical, pharmacological, or sociological; none of which has achieved much success individually (Ch'ien, 1978). Considerable time and energy have been wasted on the debate whether opiate dependents should be dealt with by law-enforcing or social-medical agencies (Parsons et al., 1975; Dean and Rud, 1984). So we have to look at this problem from all its psycho-socio-biological aspects.

For better understanding, preventing and managing the substance use disorder, many investigators tried to predict the drug-taking behavior from knowledge of other variables. Jessor and Jessor (1977) looked at the relationship between nondrug variables (personality, environment, and behavior)

and future initiation of substance use; Gordon (1985) looked at the family background, peer influence and personal disinterest in the goals of conventional institutions; Bry (1983) looked at the amount rather than the kind of stress to predict substance use; while Cadoret et al. (1986) looked at the relationship between genetic and environmental factors in predicting substance use.

Ruth Benedict, many years ago, called attention to some of potentially hazardous consequences of role discontinuity and the lack of order and sequence in the cultural training of a person moving along a life cycle (Benedict, 1938). People in our society have increasingly been deprived of significant role-related ritual experiences that helped in the achievement of an emotional state that could bridge the gap between old and new. The role-related ritual helped to give meaning to the conclusion of one phase of the life cycle and the commencement of another, providing a sense of community and publicly affirming the subject's social and personal identity and his move from one age and status group to another.

Among the contributors to role strain among the young are the role competitiveness induced by the large numbers of young people competing for similar goals, and opportunities (Winick, 1974); loss of positive role models in mass media, consideration of the notion that many of our conventional role models in public life are ignoble or psychotic or otherwise less than admirable, and similar considerations (Al Magrabi, 1986).

In dealing with the phenomenon of role strain, many authors found that, substance use disorder is positively correlated with low religiosity

(Gordon, 1985); "hang-loose" ethic (Suchman, 1969); negative reaction to education (Jessor and Jessor, 1977; Louria, 1977; Kandel, 1980; Robins, 1980; and Gordon, 1985), respect for the "hippie way of life" (Dean and Rud, 1984); and approval of getting around the law (Suchman, 1969).

To determine the magnitude of the problem we must assess the efficacy of treatment outcome of heroin users. Very recently Gossop et al. (1987) assumed an optimistic view, in spite of many authors' assumption that outcome is poor among such subjects.

From the above, the national cost of heroin use can be defined in a general way, as the loss of well-being suffered by society as a result of the life-style of the user. The total cost can be divided into the followings:

- 1) Losses that result from a reduction in the economic production of users.
- 2) Cost of treatment and rehabilitation of users .
- 3) Cost of criminal acts related to narcotic use.
- 4) Cost of substances use prevention.
- 5) Cost of social welfare payment.

The intangible costs, which are also great but largely immeasurable, include nonscaleable losses that accompany addiction, such as the fear and frustration felt by society and by victims of criminal acts committed by addicts and the frustration and despair that is felt by the addict, his family and friends.

REVIEW OF LITERATURE

DEFINITION AND HISTORICAL REVIEW

A) Definition and Diagnostic Criteria:

Over the past 100 years, the terminology used to describe the addictive disorders has been repeatedly revised as concepts about the nature of chronic drug-using behavior have evolved. In 1964, the World Health Organization (WHO) Expert Committee on Addiction-Producing Drugs concluded that the term "addiction" was no longer a useful scientific term and recommended the substitution of the term "drug dependence" for both of the previously used terms, "addiction" and "habituation" (Jaffe, 1985).

Drug dependence-according to the 1969 WHO definition-is "A state, psychic and sometimes also physical, resulting from the interaction between living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug". (Glatt, 1977).

In 1980, an international working group sponsored by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and WHO reviewed the terminology of drug dependence and defined dependence as:

A syndrome manifested by a behavioral pattern in which the use of a given psychoactive drug or class of drugs, is given a much higher priority than other behaviors that once had higher value. The term syndrome is taken to mean no more than a clustering of phenomena so that not all the components need always be present or not always present with the

same intensity The dependence syndrome is not absolute, but is a quantitative phenomenon that exists in different degrees. The intensity of the syndrome is measured by the behaviors that are elicited in relation to using the drug and by the other behaviors that are secondary to drug use..... No sharp cut-off point can be identified for distinguishing drug dependence from non-dependent but recurrent drug use. At the extreme, the dependence syndrome is associated with "compulsive drug-using behavior". (Jaffe, 1985).

In much of the world literature on opioid dependence at present, the term "dependence" is used to convey two distinct ideas: a behavioral syndrome and physical dependence. Physical dependence can be defined as those alterations in neural systems that are manifested in tolerance and in withdrawal phenomena when a chronically administered drug is discontinued or displaced from its receptor. This dual use of the word "dependence" causes confusion. the 1980 ADAMHA-WHO working group recommended restricting the term "dependence" to the behavioral syndrome previously described and substituting the term "neuroadaptation" for physical dependence. Such a substitution would emphasize several points. First, the chronic use of many drugs, including tricyclic antidepressants and B-adrenergic blockers, brings about neuroadaptive changes followed by withdrawal phenomena on discontinuation, but not by drug-seeking behavior. Second, it is now clear that neuroadaptive changes begin with the first dose of an opioid drug (Jaffe, 1985).

Some words are difficult to expunge from the language. The word "addiction" continues to convey the core connotation of decreased control.