

Evidence and Experience in Psychiatry



SUBSTANCE ABUSE DISORDERS

Evidence and Experience

Hamid Ghodse, Helen Herrman,
Mario Maj and Norman Sartorius



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Substance Abuse Disorders

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Preface

This book offers a comprehensive review of substance abuse disorders that, it is generally recognized, have proved to be very difficult problems for medical and psychiatric practice over the last century. It has three sections, one each for tobacco, alcohol and 'drugs'. Each section contains three reviews: epidemiology, treatment and management and prevention. Whole books have previously been dedicated to the subject of each section and indeed to each chapter within each section. This book does not seek to achieve that level of detail; instead, by standing back and taking a broader perspective, it highlights the differences and the similarities between the areas of study and emphasizes the importance of prevention, health-care delivery, policy formation and academic research. The authors of each chapter are internationally renowned in their respective fields and their chapters are complemented by commentaries from world-class authorities in research, teaching and clinical practice.

The misuse of tobacco, alcohol and of licit and illicit drugs is one of the greatest health challenges in the world today. It affects not just the health of those using these substances, but also all other aspects of their life as well as their families, their colleagues and the wider society. It lies behind a high proportion of all crime, costing nations billions of dollars each year in prevention and treatment programmes, in law enforcement and other economic costs. This imposes a heavy burden on the social infrastructure of developed and developing countries. Valuable human and financial resources have to be diverted away from productive activities contributing to development and prosperity, while drug trafficking foments corruption that is one of the most formidable obstacles to good governance.

The young people of today live in a world that is very complex. It provides them with tremendous opportunities as well as difficult challenges, with many benefits and many risks. The influence of their peers and their surroundings upon them and their behaviour, their life style and their health is greater than ever before. Peer influences no longer emanate solely from school or the local neighbourhood but can come from thousands of miles away. Indeed, adolescents' ideals and role models may be in another continent; their problems may start from under the same roof or from far away. The provision of a healthy environment has thus become more difficult and the sociocultural control of behaviour less predictable. These complex societal changes might have contributed to the increase of mental and behavioural problems of children and adolescents. Indeed, the scale of misuse of tobacco, alcohol and drugs is such that practitioners are likely to see its impact on patients on most days. In comparison, the control of traditional diseases now appears relatively simple.

Smoking remains the single biggest preventable cause of ill health – and the smoking epidemic has yet to peak in low- and middle-income countries where the majority of the world's smokers now live. Tobacco use is strongly correlated with and can be a substantial contributor to social disadvantage. If current trends continue, it will kill 1000 million people prematurely during this century. According to the World Health Organization, three out of every five young people who experiment with tobacco will become dependent smokers into adulthood and half of them will die prematurely. However, studies demonstrate that no single youth-focused intervention will be effective if society as a whole does not address tobacco use as a social problem. Therefore, the main recommendation for public-health decision makers and activists is to concentrate efforts on changing the environment in parallel with any youth-

orientated strategy in order to ensure adherence of this population to the concept that the best life option is to be or become a nonsmoker.

An instructive comparison can be made between the control regimes for illicit drugs and tobacco. Although it is both psychoactive and addictive, nicotine was never put under a drug-control regime like those of the International Conventions for the control of narcotic and psychotropic drugs. The recent World Health Organization Framework Convention on Tobacco Control adopts a very different approach. It emphasizes interlinked strategies for harm reduction, demand reduction, denormalization of tobacco use and regulation of the tobacco industry. Tobacco markets are relatively unregulated, relying on taxation, advertising and age-related controls on consumption. In this context, it is interesting that the annual prevalence of tobacco use is about one quarter of the world population (age 15+) - some 1.7 billion people - while the annual prevalence of use of any illicit drug is only 5% of the world population (age 15-64) - some 200 million people. The prevalence of tobacco consumption is thus eight times that for illicit drugs. Tobacco also claims 25 times as many lives as illicit drug abuse. In the early twentieth century and prior to any international drug control, the prevalence of drug dependence in many parts of the world was very high indeed. In China alone there were 10 million opium addicts out of a total estimated population of 450 million and in the United States according to a government report 90% of narcotics were used for nonmedical purposes.

Had there been no drug-control system, the size of the drug-using population, as well as the burden of disease associated with it, would have been much greater - perhaps even at levels close to tobacco. It can be argued therefore that the multilateral drug-control system has helped to contain the problem at 5% of the world population (age 15-

64) or $< 1\%$ if only problem drug use is considered. This is an achievement that should not be underrated and provides a useful perspective within which more recent developments can be analysed.

It is evident from the chapter on the epidemiology of drug abuse that in some parts of the world the abuse of prescription drugs has already surpassed the abuse of traditional illicit drugs such as heroin and cocaine. For example, in the United States, the abuse of prescription drugs, including pain killers, stimulants, sedatives and tranquillizers, exceeds that of practically all illicit drugs, with the exception of cannabis. The unregulated market for pharmaceuticals, particularly through the internet, exposes people to serious health risks through the delivery of often poorly documented, unsafe, ineffective or low-quality medicines. An additional concern is that the gains of the past years in international drug control may be seriously undermined by this ominous development, if it remains unchecked.

The epidemiological data that have been reviewed show that the most salient issue is the global nature of drug abuse, including the changing geographical location of crops and drug production, and the density and malleability of trafficking routes. Changes in drug use or policies within one country inevitably impact on others, emphasizing the need for international collaboration on a problem that knows no borders. A global view of the problem shows that knowledge of changes in the prevalence rates in one country or modification of the trafficking routes or oversupply of drugs in the illicit market allows some prediction of potential problems in other countries. This global view also facilitates international collaboration in relation to the interchange of information, evidence of best practice, coordination of activities and mutual support.

The importance of this type and level of collaboration is emphasized when it is realized that hundreds of preventive programmes were implemented around the world at various times without any attempt to evaluate their effectiveness or cost effectiveness. Under increasing pressure from governments and funding agencies to demonstrate the effectiveness of drug prevention interventions, several reviews have been undertaken during the past decade and the number of methodologically sound studies is now growing. Similarly, with regard to treatment, currently available evidence does not support any single treatment approach as yielding better outcomes for the chronic, relapsing nature of addiction, with all its correlates and consequences. Indeed, it seems likely that the most promising results come from a combination of pharmacotherapeutic and psychosocial treatment approaches that take account of the local sociocultural environment.

Worldwide, of course, alcohol consumption is one of the most important risk factors in the global burden of disease, ranking fifth, behind underweight (from malnutrition and underfeeding), unsafe sex, high blood pressure and tobacco use. In addition, it is important to remember that alcohol abuse contributes to some of the other risk factors for disease - for example to the prevalence of unsafe sex. The prevalence and severity of alcohol-use disorders depend on many factors, such as the amount and quality of alcohol consumed on a daily basis and the frequency of drinking. This is reflected in the distribution of alcohol-use disorders in different world regions. Although aggregate alcohol consumption is escalating fast in the developing world, limited research data are available on the regional prevalence and patterns of alcohol use in a vast number of countries. Such data would aid in the formulation of cost-effective treatment strategies within the medical and social