

# Non-Medical use of prescription drugs

## Awareness & preventions

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# THE SILENT VICTIMS

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# Definitions of drug abuse



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- ▶ Clinical.
- ▶ Harmful use.
- ▶ Social concept.
  
- ▶ The APA uses a precise set of psychiatric criteria from the DSM-IV, 1994.
  
- ▶ WHO uses a set of criteria from the (ICD-10;WHO, 1992).



**Drugs** ( Unification , strong,  
clear& Simplification  
=world policy

**Preventions**

G + S = behavior

**Physicians**

PHC, harm reduction, grey  
areas ,marketing & rules

**Patients**

Victims abused by others  
,stigma & no job



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## Psychotherapeutic drugs

### Past years use

Opioids 3.7

Tranquilizers 1.6

Stimulants 1.1

Sedatives 0.4

Source: SAMHSA, 2002a.

### Age (year) Lifetime

12-17 9.4

**18-25 18.2**

26 or older 8.4

Source: SAMHSA, 2002a.

# The practices, Patients & prescriptions are an OURS

The **most** appropriate preventive responses are **Multi-disciplinary**  
schedules ( G + S = behavior)

## ▶ **Interventions ( General)**

- ▶ 1. Computerized pharmacists( full name ,4D, Gov., Non-Gov.)  
collaborations, supervisions & law
- ▶ Education( pat. ,Family ,Community).
- ▶ Medical Insurance ( Gov. responsbilty)
- ▶ Active involve family in plan of treatments.
- ▶ Protected Environments for pat. during therapy.

# The practices, Patients & prescriptions are an OURS

## Interventions ( specifics)

- ▶ Handling( policy for pharmacists, Doctors, pat. ,Scientifics drug name,3 copies or specifics prescriptions paper).
- ▶ Specific list ( patients / for spec. intervention as RP, Early recovery, Family, Pat. consents).
- ▶ Adulterants( Drugs, methods, time, place, technicians).
- ▶ Legal Requirements ( cheating /friends, multi-prescriptions)

# The practices, Patients & prescriptions are an OURS

## Interventions ( specifics)

\* Obligatory test among Job requirements (Routine checking( weight, G.health, UDS).

\*\*Health Insurance /covering cost ( pat. & company) for collaborations ( computerized / confidential ,transparency).

\*\*\* Domestic Violence ( Routine Checking & follow up, G.health & UDS).

# The practices, Patients & prescriptions are an OURS

- ▶ **Tailor plan** for each patients & settings.
- ▶ **Addictive behavior** (Many domains/  
gambling/ sex/frauds/ robbery/computers/  
mental problems/ Impulse control  
Disorders/depression).
- ▶ **Axis IV (DSM -IV)**, Domains, Legal  
,marital ,financial ,employment sequel of  
Abuse or Dependence.



# BALANCE \*

**\*WHO's policy viewpoint of 'balance':**  
that the need to control and reduce abuse, diversion,  
and trafficking of opioid analgesics

must be  
**balanced against**

the need for physicians and patients to have  
access to licit opioids for the treatment of pain.

**\*WHO, 2000.**

# Mal- behaviors Law & policy



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\*‘**doctor shoppers**’ (individuals who routinely visit multiple doctors with the same ailment in order to obtain multiple prescriptions).

\*\***Pharmacists or pharmacy technicians** who falsify records and subsequently Percentage of reported lifetime, past year, and past month use of prescription drugs for non-medical purposes.

\*\*\***Sell** prescriptions to drug dealers or abusers

New Phenomena /Unique events / Gulf area in last 7 years reflect on the increasing problem of Non Medical use of prescription drugs.



## Risk Factors

- ▶ New Trafficking Areas, pathway.
- ▶ victims ( Age, domestics envir.).
- ▶ orphans 4 millions, education.
- ▶ corruptions ( No law).
- ▶ No plan, policy, asses., treatment.



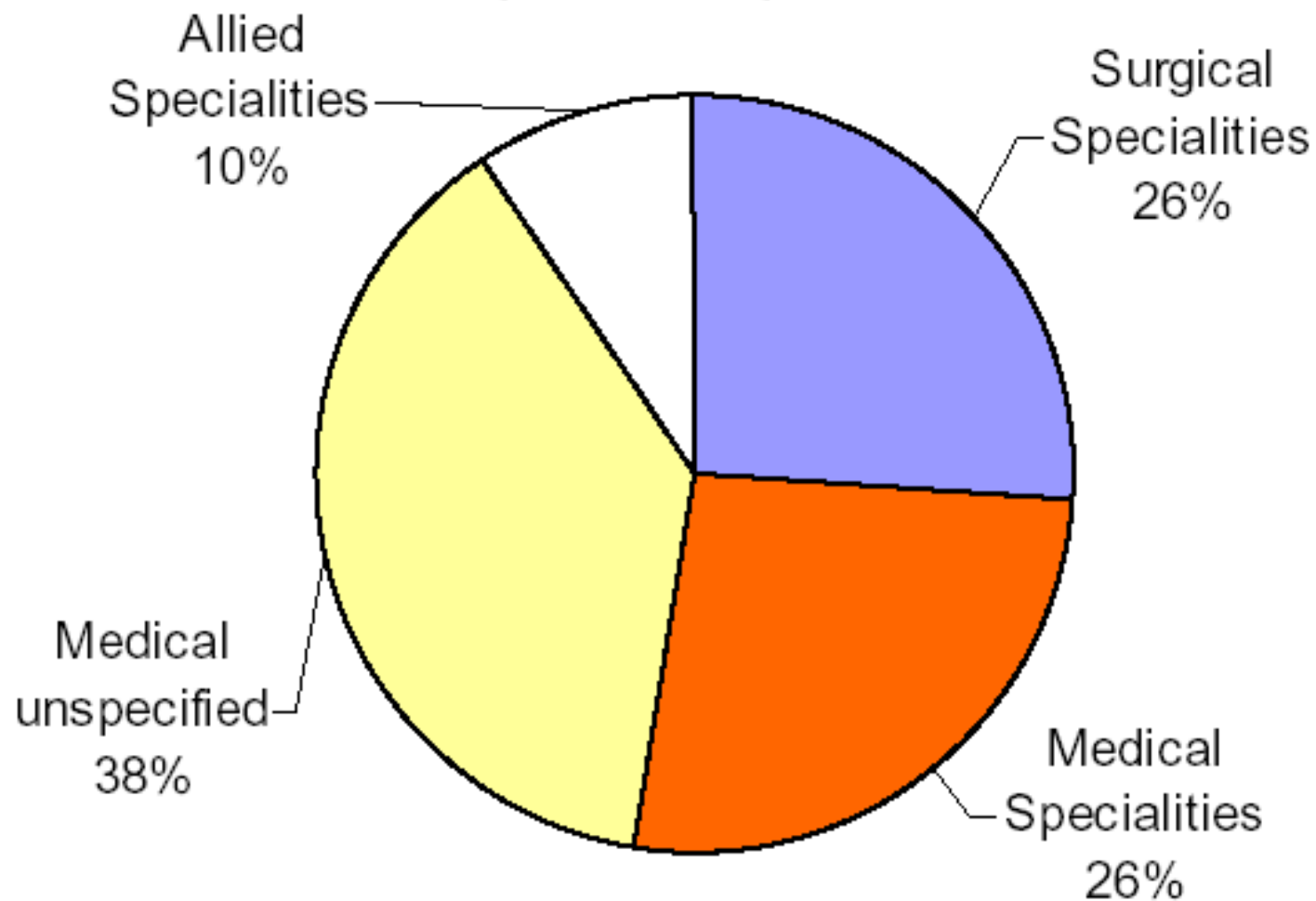


## Assassinated Medical Professionals in Iraq

Deputy Iraqi Health Minister's Statement  
(Feb 2006) - Since April 2003:

- ❑ Over 1000 doctors have fled Iraq
- ❑ Over 220 doctors have been killed in Iraq

**Murdered Iraqi Doctors by Major Medical Field**  
**April 2003 - April 2006**







**IRAQI CHILD EXPERIENCES  
DURING THERAPY**



**IRAQI CHILD EXPERIENCES IN  
THE STREETS**

## New Models in treatment strategy

- ▶ Especially with Adolescents  
( target Group)
- ▶ Non- Advice Technique.
- ▶ Model( Media)
- ▶ Law of Corruption( essential,  
world wide, Industrial comp.,).
- ▶ Non Judgmental & stigma  
issue.
- ▶ Group for Families.
- ▶ Especial cases.



## Recommendations



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- ▶ Size of problem( **community** base study, reliable data..)
- ▶ Available data indicate that non-medical use and abuse of prescription( **Tramdol, Captigon & Lagaflex**), is on the rise in the Gulf Region.
- ▶ To increase **attitude & knowledge** among target people, doctors, students, pharmacists & industrial comp.
- ▶ ( **what is known** about non-medical use and abuse of prescription drugs .
- ▶ **what is not known**, so that those responsible for national drug policy can shape their efforts according to the best available scientific data).



# Recommendations

- ▶ To offer a scientific basis to guide drug abuse policy (**We want to help policy-makers** ).
- ▶ Steps to take include further **epidemiological** research, **laboratory testing** of prescription drugs to determine abuse liability, and **clinical trials** to determine the efficacy of different approaches to the prevention and treatment of prescription abuse.
- ▶ Prevention and treatment of prescription (**opioid & stimulants**) abuse.
- ▶ **Research** in this area.

# Recommendations

- ▶ Governmental, non-governmental and industry representatives.
- ▶ A comprehensive assessment of non-medical use and abuse of prescription drugs.
- ▶ including:
  1. An assessment of its magnitude and demographics.
  2. Its impact on public health and safety. Such an assessment might be modeled after, or take components from, the comprehensive post-marketing **Tramadol** surveillance study developed by Cicero et al.(1999).

# THANK You

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