Non-Medical use of prescription drugs

Awareness & preventions

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THE SILENT VICTIMS
Definitions of drug abuse

► 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).
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. responsibility)

- 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.
*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.

*‘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

- Surgical Specialities: 26%
- Medical Specialities: 26%
- Medical unspecified: 38%
- Allied Specialities: 10%
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

► 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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Shukra

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المراکز الوطنية للتأهيل
National Rehabilitation Centre