

## **Addiction in the Middle East and Asia**

By

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Thomas Friedman of the New York Times writes in *Hot, Flat and Crowded* that nothing from our past will adequately prepare us for the world we now face, especially in the field of addictions. The United States has much to learn from how the rest of the world faces its addiction issues, and vice versa. This is especially the case in Asia and the Middle East, where addiction problems are rapidly growing as are treatment and prevention approaches.

It would be absurd to speak of “Asia” or “the Middle East” as a single entity, even as it would be difficult to encapsulate what’s is happening in each US state by speaking of an “American approach.” Therefore, broad statements about the prevalence and incidence of drug and alcohol abuse in various continents needs to be somewhat limited. Also, it is important to understand that many nations separate alcohol from drug abuse and dependence. The public in many Asian and Middle Eastern countries view alcohol abuse as “a bad habits,” certainly not as a disease. For example, in China, the general public thinks it is a matter of will power—easily overcome if one sets one’s mind to do so. It is not viewed either by the public or policy makes/leaders as a disease. On the other hand, drug abuse is seen as an evil of society and is not tolerated, and draconian policies have been attempted to control the problem.

Given that, it is clear that alcohol and drug abuse is on the rise in much of the Middle East and Asia. In the past five years, alcohol abuse and dependence has become a bigger problem in the Middle East, as has heroin, cannabis and prescription drug use and abuse. Throughout the region, the age of starting drug use is decreasing, IV drug use is increasing, women are using drugs more often, and the majority of drug abusers are not seeking treatment due to either limited resources or social stigma against drug abuse. All of these factors are contributing to the spread of HIV/AIDS throughout the Middle East. The UNAIDS and UNODC have made significant efforts to address this growing problem in the Middle East. According to the 2007 World Drug Report, the production and distribution of illicit drugs, particularly cannabis, continues to be a worrying trend in the Middle East and North Africa.

In China, Korea, and Japan, alcohol abuse and alcoholism is on the rise at startling rates. If the current trends continue in alcohol consumption, in the next fifteen to twenty years, China will have the highest per capita consumption of alcohol in the world. China already is the largest manufacturer of beer and spirits.

To address these issues, many nations are developing or have developed national drug policies, have sought to increase their understand of causation, consequences, and care of the addict, and increased the range of community services available for prevention and treatment. Sadly, this is not the case in China, where environmental, financial, and growth-oriented issues are at the top of the leaders’ agendas. Health care, and especially behavioral health problems such as substance abuse are relatively low on their list needing attention. The general attitude of the government is “we’ll get to those issues later. We’re on an economic tear and that’s all that matters.”

Other Asian countries are addressing the issues. Vietnam, for example, with the assistance of the U.S. Center for Disease Control, the White House, and USAID, is directing considerable attention to the rapid spread of drug abuse and startling rise in the number of HIV/AIDS cases, which are mostly IV drug use-related. Methadone maintenance is being used at increasing rates throughout Vietnam. The same is true for other Asian nations, as public attitudes about drug abuse continue to change. However, generally, the public in Vietnam and other Asian nations sees alcohol abuse and alcohol dependence much as does China.

Overall, there are significant efforts to promote a sense of psychosocial wellbeing and prevention. In Morocco, among street children ages 8-13, 65% are inhalant users, 20% cannabis users. A number of substance abuse-related problems have arisen in addition to HIV/AIDS: Hepatitis, legal and criminal consequences, traffic accidents, domestic violence and co-morbidity of psychiatric disorders. In Lebanon, in 2002, new laws were established concerning the use of benzodiazepine. The primary drugs of abuse in Lebanon are heroin, cannabis, cocaine, BZD, inhalants, amphetamines, ecstasy and alcohol. In Iran, nearly 4 million people use opioids, and 2.5 million fit the DSM-IV diagnosis for opioid abuse, 1.2 million for opioid dependence. 94% of the Iranian drug abusers are male. Alcohol abuse is less common with 250,000 alcohol abusers. Annually, 1,000 tons of heroin and morphine is consumed, \$5 billion dollars is spent on drugs annually, with Afghanistan as the primary source of opioids. 16% of drug abusers in Iran are intervenes drug users, with a mean age starting IDU of 26. Most of the HIV/AIDS patients contracted the disease through needle sharing. Over the past 15 years, Iran has made a major investment in detoxification centers (100 government, 600 private centers), inpatient care (approximately 500 beds nationwide), TCs (at more than 35 centers), and NA groups (more than 12,000 NA members). In fact, Iran is the nation with the fastest growing number of NA groups. MMT and BMT facilities cover 6,000 clients in Iran.

Palestine territory presents different challenges. Drug injection is a moderate problem, especially for heroin, cocaine, and morphine derivatives. Clean needles are available, but not free. The most urgent substance-related problems include hepatitis, co-morbidity, and adolescent drug use. In Iraq, there has been a significant increase in drug abuse among children and youth. The main reason given for this rise is the psychological effects of violence and the loss of family members.

In Turkey, the country where I have spent the past two years, there is a dramatic increase in the number of street children and youth using drugs, ranging from inhalants, stimulants, heroin and cannabis. There remain few treatment resources available to address these issues, with the Oya Bahadir Yuksel Sokak Cocuklari Rehabilitation center as the lead agency in the country, with the capacity to treat up to sixty adolescent drug abusers. Established in 2008, this Center has become the premier adolescent substance abuse treatment program in Turkey and for much of the Middle East.

Clearly, the drug abuse issue is a global trend that must be approached with global and international solutions. For further information, the reader is directed to [djpowell2@yahoo.com](mailto:djpowell2@yahoo.com), or the International Network of Treatment and Rehabilitation Centers, [rrowson@mednet.icla.edu](mailto:rrowson@mednet.icla.edu).