

Editorial 3

Substance misuse in Arabic countries: the need for published research

Hamad Al Ghaferi¹, Ossama T. Osman², Catriona Matheson³, Shamil Wanigaratne¹, Christine Bond³

¹National Rehabilitation Center, Abu Dhabi, United Arab Emirates; ²Department of Psychiatry, College of Medicine, United Arab Emirates University, UAE; ³Center for Academic Primary Care, The University of Aberdeen, UK.

Global reports by UN organisations on substance use show a consistent increasing trend in the use of both illicit and licit substances and Arabic countries are no exception, despite the social, cultural and religious unacceptability in these countries.^{1,2} Literature reviews recently carried out using conventional search strategies on OVID, as part of the research, yielded very few empirical papers describing substance misuse in Arabic countries. Searches of grey literature, regional journals and Google searches yielded more papers (84), but this number is relatively small compared to the literature relating to the Northern hemisphere and Western countries. Only four formal reviews of literature were identified covering the topic in the Arabic region.^{3,4,5,6} The paper by Weiss et al referred to unpublished dissertations and thesis at Universities, in countries such as Jordan, indicating that there was research taking place, but not getting published, perhaps due to difficulties in meeting the requirements of impact factor driven Western journals.⁶

Substances used

Although there is patchy data available on alcohol and substance misuse in countries in the Arab region, the fact that there is a significant problem of abuse, has been confirmed by the four review papers.^{3,4,5,6} The most commonly misused substances in these countries are alcohol, heroin and hashish.^{7,8,9} Studies have also shown misuse of opium, barbiturates, benzodiazepines, amphetamines, cocaine, crack cocaine, Khat and solvents.^{10,11,12,13} Misuse of prescribed medication is also a growing trend in these countries.^{4,10,14}

Hashish and Khat are seen as substances traditionally used in the Middle East and known to the region since ancient times.^{3,15} Khat use in Yemen has been recorded in history since the 13th century.¹⁶ In the context of Arab countries, the tradition of using a water pipe or shisha for tobacco smoking is of relevance because of its health burden. The practice is seen to have had a recent revival and has particularly spread in Arab societies to the extent that in some countries about quarter of the population, including women are

shisha smokers.^{17, 18} A concentrated form of nicotine rich dried tobacco called Dokha is commonly smoked in some Gulf Arab countries (UAE and Qatar) using a small pipe called Midwarkh which is reported as an emerging health problem.¹⁹

Prevalence rates

All the indications are that prevalence rates of substance misuse in the region are changing rapidly. It has been suggested that alcohol and substance misuse may be increasing within the Arab region as a result of the unprecedented rapid development.^{3,4,5,6,19} The geographical proximity to opiate producing countries such as Afghanistan, the young age of the population, the social changes and stresses associated with it, have all been attributed to increase in substance misuse in Arab countries.³ There is an urgent need for research to look at how these risk factors contribute to the picture independently or through their interaction in different countries.

Patterns of use

Patterns of use of substances vary considerably even in neighbouring countries with similar cultures for example, the Kingdom of Saudi Arabia and the United Arab Emirates.¹² There are few studies with sound methodologies describing patterns of use in specific countries that could be used for planning treatment services or prevention programmes. Reports using qualitative or mixed methodology were not found in the search carried out. Qualitative research could usefully explore the patterns of use and factors influencing it within the cultural context.

Prevention and treatment programme evaluation

The literature searches did not yield any studies evaluating prevention programmes or treatment programmes in Arabic countries. In fact, this area of evaluation research is almost absent from all the psychiatric literature in the Arab region. A PubMed search for general and mental health publications in the Gulf Cooperation Council (GCC) countries and the UAE revealed a total of 192 mental health studies published from GCC countries over the past 20 years, which constituted less than 1% of the GCC total biomedical research. Most of the studies were either epidemiologic (49%) or psychometric (24%) with no studies addressing mental health (including substance abuse) systems research.²⁰ Therefore, there is a need for more regional and international collaboration and for policies that link research conducted to services provided with longitudinal studies to test the long-term impact of early preventive interventions.

Need to encompass the cultural diversity of the researched population

There is a need to create a forum for the exchange of information on substance misuse in different cultural settings. This should include symptom presentation, progression, treatment and outcomes. Furthermore, critical review of the reported findings should consider their generalisation beyond the immediate setting in which they were conducted. One conclusion of the research reports that have been published is that more evaluative and comparative studies should be undertaken of the treatment programmes that exist. This would inform the understanding of what needs to be done to tailor programmes to local needs and increase their effectiveness. This will require the use of measures that are both standardised as well as culturally sensitive. Currently, the majority of the research on substance abuse assesses outcomes using measures which are adapted from instruments, developed and validated in another culture e.g. the USA, the Europe. There is a real need to ensure that all instruments used have been confirmed to be valid in the setting, they are used. Ideally, instruments should be developed for cross-cultural use, thus, improving their validity in a range of settings and facilitating inter-population comparisons.

Need for research and vehicles for publication of research

In summary, the Arabic region is rapidly developing and the prevalence of substance misuse appears to be increasing in tandem. To date, there has been less research in the region on substance misuse than in Western countries. This is potentially due to both the cultural challenges and the difficulties in publishing the research findings. Having a journal that focuses on research in non-Western countries will undoubtedly contribute to stimulating research.

The potential to share information on developments in prevention and treatment from countries facing common problems could result in faster translation and more appropriate interventions in developing countries.

References

1. World Health Organisation. Global Status Report on Alcohol and Health, WHO, Geneva; 2011
2. United Nations Office on Drugs and Crime. World Drug Report 2011. UNODC, Vienna; 2011
3. Al Harthi A, Al Adawai A. Enemy within? The silent epidemic of substance dependency in GCC countries. Sultan Qaboos University Journal for Scientific Research: Medical Science. 2002; 4 (1-2): 1-7

4. AlMarri T, Oei TP. Alcohol and substance use in the Arabian Gulf Region: A Review. *International Journal of Psychology*. 2009;44(3):222-33
5. Okasha A, Mental health in the Middle East: An Egyptian perspective. *Clinical Psychology Review*. 1999; 19 (8):971-933
6. Weiss S, Sawa GH, Abdeen Z, Yanai J. Substance abuse studies and prevention efforts among Arabs in the 1990's in Israel, Jordan and the Palestinian Authority: a literature review. *Addiction*. 1999; 94 (2): 177-198
7. Al Haqwi AI. Perception among medical students in Riyadh, Saudi Arabia, regarding alcohol and substance abuse in the community: a cross-sectional survey. *Subst Abuse Treat Prev Policy*. 2010;5:2
8. Iqbal N. Substance dependence, a hospital survey. *Saudi Medical Journal*. 2001; 21: 51-57
9. Zahid MA, Al-Feke AM, Abdul-Einin H, Badr H. Amineptine abuse: A study of 203 patients abusing Amineptine Retrieved on 2 May 2006. <http://www.ecommunity-journal.com/pdf/c01a.pdf>
10. Al Kandari F H, Yacoub K, Omu F E. Effect of drug addiction on the bio psychosocial aspects of persons with addiction in Kuwait: Nursing implication. *Journal of Addiction Nursing*. 2007; 18 :31-40
11. Amin Y, Hamdi E, Ghubash R. Substance abuse consultation rates: Experience from private practice in Dubai. *Arab Journal of Psychiatry*. 1996; 7: 133-139
12. Amir T. Comparison of pattern of substance abuse in the Saud Arabia and the United Arab Emirates. *Social Behavior and Personality*. 2001; 29: 519-530
13. Hafeiz H B. Socio-demographic correlates and pattern of drug abuse in eastern Saudi Arabia. *Drug and Alcohol Dependence*. 1995; 38: 255-259
14. Effat S. Patterns of alcohol and illicit drug use in Kuwait: A preliminary study. *The New Egyptian Journal of Medicine*. 1994; 11: 130-135
15. Hamarneh S. Pharmacy in Medieval Islam and the History of Drug Addiction. *Medical History*. 1972; 16 : 226-237
16. Al Motarreb A, Baker K, Broadly K J. Khat: Pharmacological and medical aspects and its social use in Yemen. *Psychotherapy Research*. 2002; 16: 403-413

17. Maziak W, Eissenberg T, Ward K D. Patterns of waterpipe use and dependence: implications for intervention development. *Pharmacology, Biochemistry and Behavior*. 2005; 80(1): 173-179
18. Maziak W. The global epidemic of waterpipe smoking. *Addictive Behaviors*. 2011; 36 (1-2): 1-5
19. Al Houqani M, Raghieb A, Hajat C. Tobacco Smoking Using Midwarkh is an Emerging Health Problem: Evidence form a large Cross-sectional Survey in the United Arab Emirates. (2012); PLoS ONE | www.plosone.org June Volume 7 | Issue 6 | e39189
20. Osman O T, Afifi M. Troubled minds in the Gulf: mental health research in the United Arab Emirates (1989-2008). *Asia Pacific Journal of Public Health*. 2010; 22:48-53