

## **Editorial**

Towards evidence-based substance abuse prevention and treatment in developing countries

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Substance use and abuse is always on the increase in many parts of the world. Its prevention and treatment is imperative to reduce the burden on users and society at large. In many developing countries, substance abuse treatment operates on the assumption that any treatment for drug addiction is better than no treatment, which is not true at all<sup>1,2</sup>. Hence, many substance abuse treatment programs prescribe to local norms, religious and spiritual practices, and often practice punitive, discipline-based approaches to ‘treat’ drug addicts<sup>2</sup>. Drug laws were enacted to contain this epidemic.

To curb the growing problem with substance abuse, many developing countries used supply and demand reduction strategies<sup>3</sup>. Some prescribed to harm reduction strategies like opioids replacement therapy. Amid the existence of drug laws, mandatory treatment for drug and/or alcohol abuse are often enforced. People are tested for drugs and when found positive, are taken in for mandatory treatment in government treatment facilities. Court mandated alternatives to incarceration are still not widely available<sup>3</sup>. Human rights are often infringed<sup>4,5</sup>.

The existence of Compulsory Centers for Drug Users (CCDUs) has been observed in many developing countries since the onset of the drug problem. In the 70’s, CCDU was probably the only available facility for users in these countries. Some treatments are conducted in hospitals and private medical facilities. Substance abusers that are mandated to treatment were often labeled as inmates<sup>3,4</sup>. Little medical attention were given and many contracted communicable diseases such as hepatitis, STIs, HIV and tuberculosis as a result of their drug use, injecting behaviors, multiple sexual partners and poor living condition<sup>5</sup>.

The situation of CCDUs in East and South East Asia region was reviewed at the first Regional Consultation for Drug Users organized by UNODC Regional Centre for East Asia and the Pacific in 2010. On March 9<sup>th</sup>, 2012, a Joint Statement was issued by 12 United Nations agencies, including the UN Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the UN Children’s Fund (UNICEF), and UNAIDS, calling for the closure of drug detention centers and the release of the people detained there “without delay”<sup>4</sup>. From then on, many treatment facilities have started using evidence-based approaches.

This third and forth bumper issue of the International Journal of Prevention and Treatment of Substance Use Disorder (IJPTSUD) focuses on various treatment and prevention approaches in developing countries, from Africa and Middle East to South Asia and Southeast Asia region. Three articles from Africa look at (i) the pattern of drug use among persons with disabilities in Kenya; (ii) peer interactive youth-lead drug prevention program in Uganda and (iii) the certification program for addiction professionals in Kenya. These articles demonstrate that more evidence-based approaches are being used in these nations and are showing positive results.

From the South Asia region, two articles look at (i) aggression as risk for substance abuse among adolescents in Pakistan and (ii) alcohol use pattern among married men in rural Tamil Nadu, India, where local intervention approach is found to be effective to reduce alcohol use. An article from the Middle Eastern region addresses the use of AUDIT in Iraq and Muslim countries.

Five articles were contributed by Southeast Asian countries that looks at (i) Family therapeutic alliances to relapse prevention in Malaysia; (ii) HIV, Hepatitis B and Hepatitis C testing among IDUs in Thailand; (iii) Groin injection among opiate drug users in Malaysia; (iv) Binge drinking patterns in an urban and rural township in Myanmar, and (v) the application of Islamic principles in the prevention of substance use in Malaysia. An article entitled international standards in prevention from EMCDDA outlined the many prevention standards that can be used in many countries. We hope that these articles will shed light on the movement towards evidence-based practices to the prevention and treatment of substance abuse in developing countries.

## Reference

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