Journal of Taibah University Medical Sciences (2017) ■(■), 1–9

Taibah University

Journal of Taibah University Medical Sciences

www.sciencedirect.com

Original Article

Drug use patterns and demographic correlations of residents of Saudi therapeutic communities for addiction

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Received 9 November 2016; revised 16 February 2017; accepted 19 February 2017; Available online ■ ■ ■

الملخص

أهداف البحث: تصف هذه الدراسة سمات نزلاء المجمعات العلاجية السعودية، وأنماط تعاطيهم للمخدرات، والعلاقة بين هذه المتغيرات.

طرق البحث: تفحص هذه الدراسة الاستعادية بيانات جميع نزلاء مجمعات الإدمان العلاجية السعوديين الذين التحقوا بها منذ تأسيس أول مجمع علاجي عام ٢٠٠٠ حتى منتصف ٢٠١٤. وتشمل هذه المجمعات ثلاثة مجمعات حكومية ومؤسستين غير حكومية، ويقع اثنان من هذه المجمعات في الدمام وواحد في كلا من الرياض، وجدة، والطائف وقد بلغ مجموع النزلاء ٢٠٢٣ نزيلا.

النتائج: جميع نزلاء المجمعات العلاجية هم من الذكور البالغين؛ ٨٥.٦٪ منهم سعوديون، أما البقية فجميعهم تقريبا من مواطني دول مجلس التعاون الخليجي. وكان متوسط أعمارهم ٩,٣٣ عاما (±٨.٨ عاما)، ومستويات تعليم معظمهم من الدراسة الثانوية أو أقل، والمتزوجون منهم ٢٥٪، و٧٠.٨٪ منهم بلا وظيفة. وتشير أنماط تعاطيهم للمخدرات إلى أن ٣٥.٨٪ منهم يستخدمون الأفيون، و١٥٪ الحشيش، و١١.٩٪ يستخدمون الحشيش والأمفيتامين معا، و١١.١٪ الأمفيتامين، و٧.٩٪ الخمور، ويستخدم ١٠.٩٪ منهم ٣ أو أكثر من أنواع المخدرات في الوقت نفسه. وقد وُجد أن تعاطي الأمفيتامين والحشيش أكثر انتشارا بين النزلاء الأصغر سنا مقارنة بالأفيون والخمور، التي كانت أكثر استخداما بين النزلاء الأكبر سنا. وكان الأفيون أكثر استخداما بين سكان المنطقة الغربية بينما سكان المناطق الشمالية والجنوبية يفضلون الأمفيتامين.

الاستنتاجات: أظهرت هذه الدراسة أن أنماط استخدام المخدرات للنزلاء مشابهة للنزلاء المنومين في منشآت علاجية أخرى. ولكن، إدمان الأفيون كان أكثر انتشارا. بالإضافة إلى ذلك، كان نوع المخدر المستخدم يختلف حسب منطقة السكن، مما يستدعي الانتباه عند التخطيط لتوفير الخدمات في هذه المناطق.

الكلمات المفتاحية: المجتمع العلاجي السعودي؛ تعاطي المخدرات؛ الأفيون؛ الحشيش؛ الخمور

Abstract

Objectives: This study describes the characteristics of residents in Saudi therapeutic communities (TCs), their patterns of drug use, and the correlations between these variables.

Methods: This retrospective study examined all Saudi TC residents admitted since the establishment of the first TC in 2000 until mid-2014. The TCs include three governmental and two non-governmental enterprises: two TCs in Dammam and one each in Riyadh, Jeddah, and Taif, with a total population of 2023 residents.

Results: All TC residents were adult males; 85.6% were Saudis, and almost all remaining residents were from the Gulf Cooperation Council countries. The mean age of residents was 33.9 years (±8.8 years), and their educational levels were mostly high school or lower; 25% were married, and 70.8% were jobless. The pattern of drug use indicated that 35.8% used opioids, 15% used hash, 11.9% used both hash and amphetamine, 11.1% used amphetamine, 7.9% used alcohol, and 10.9% used 3 or more drugs simultaneously. Amphetamine and hash dependencies were more prevalent among younger residents in comparison to opioids and alcohol, which were more

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Peer review under responsibility of Taibah University.

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Please cite this article in press as: Alshomrani AT, et al., Drug use patterns and demographic correlations of residents of Saudi therapeutic communities for addiction, Journal of Taibah University Medical Sciences (2017), http://dx.doi.org/10.1016/j.jtumed.2017.02.006

common among older residents. Opioids were more used by the western region residents, while northern and southern regions residents preferred amphetamine.

Conclusion: This study showed that the residents' drug use patterns are similar to those in other inpatient treatment services. However, opioid dependency is overrepresented. Furthermore, the type of drug used differs according to the residence region, which may warrant consideration when planning services for these regions.

Keywords: Alcohol; Drug use; Hash; Opioid; Saudi therapeutic community

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Introduction

A therapeutic community (TC) is an effective long-term treatment modality for addiction that takes into account the complexity of addiction management.[1–5] A TC is a drug-free residential setting that focuses on patient rehabilitation through social learning and a family model, with main goals of sustaining abstinence and improving physical, psychological, social, and spiritual health.[6] The essential components of TCs include social responsibility enhancement, peer feedback about each resident's behaviour, rule model practice, effective interactive relationships between the residents, a systematic structure of daily living with a desire to improve, and recognition of gains in an open, shared community with positive communication and reciprocal relationships.[3]

Various factors can affect the outcomes of TCs, such as the patients' social and medical characteristics and the program's content and duration.[1,2,7–9] Examples of social determinants of TCs outcomes include age, gender, employment history, preferred type of drug, marital status, education level, previous treatment in TCs, and family and social support.[1,2,7–9] Most TC residents are in their 30s, and the mean age is between 31 and 36 years old.[8,10–12] Residents are unmarried and unemployed. More than half of them do not surpass secondary school education, and they are mainly treated for the abuse of heroin, stimulants, alcohol, and cannabis. However, using more than one drug is usually the norm.[8,10–13]

Most of the populations in TC studies are male. Over 85% of the population with as much as 100% can be male in developing countries.[8,10–12] However, the introduction of modified TCs in Western countries for women and adolescents may change these percentages.[14] In KSA, only five TCs were in operation as of 2014. The first TC started operating in early 2000 in Dammam in the eastern region. Four TCs were later established between 2009 and 2013.[15] Three of these five TCs are government facilities, which are operated and supervised by the Ministry of Health through the Alamal Mental Health Complexes in Dammam, Riyadh, and Jeddah.[15] The other two TCs are operated by non-governmental non-profit organizations. One of them is licenced by the Ministry of Social Affairs, while the other one is licenced by the National Committee for Narcotics Control.[15]

The literature is lacking in studies that describe drug addiction in the Saudi population. Similarly, there is limited knowledge about the TCs in KSA, including the characteristics of residents, their drug use patterns, and their addiction patterns. In this paper, we describe the characteristics of Saudi TC residents and their patterns of drug use, and we explore the correlations between these variables.

Materials and Methods

Population and source of data

This study was conducted as a part of a national project to assess the status of addiction management and evaluate addiction TCs in KSA. The study included all TC residents in KSA who were discharged prior to September 9, 2014. At the time of the study, there were only five addiction TCs in the KSA, and all of them were included. Data were primarily collected from the patients' charts and records using comprehensive forms that include demographic information, the number of admissions, diagnoses, dates of each admission, lengths of stay, reasons for discharge, and drugs used.

The data were collected during visits by the principle investigator between September and December 2014. Visits to each TC occurred over 10 days to collect data and evaluate the infrastructure, policies, procedures, treatment and rehabilitation programs, and competencies of the treatment teams. During each visit, the author assigned and supervised two health professionals from each TC to collect data from resident files and to record them on the form. All files were included in the study, and missing data were addressed. Ethical approval of the project was issued by the Internal Review Board of the College of Medicine at Al Imam Muhammad Ibn Saud Islamic University.

Data analysis

STATA® 14 MP was used for data management and analysis. Descriptive statistics were used to summarize the data. The characteristics of TC residents are described by frequencies and percentages. The means and standard deviation (SD) are presented for continuous variables, while frequencies and percentages are used to present the distribution of cases based on the type of drugs used. Pearson's chi-squared (χ^2) test was used to assess the differences between groups, depending on whether there was a normal distribution and depending on the types of variables.

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