



Review

Violent conflict and opiate use in low and middle-income countries: A systematic review



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ABSTRACT

Background: Violent conflicts disproportionately affect populations in low and middle-income countries, and exposure to conflict is a known risk factor for mental disorders and substance use, including use of illicit opiates. Opiate use can be particularly problematic in resource-limited settings because few treatment options are available and dependence can impede economic development. In this systematic review, we explore the relationship between violent conflict and opiate use in conflict-affected populations in low and middle-income countries.

Methods: We searched MEDLINE, PsychINFO, SCOPUS, PILOTS, and select grey literature databases using a defined list of key terms related to conflict and opiate use, screened the results for relevant and methodologically rigorous studies, and conducted a forward search of the bibliographies of selected results to identify additional studies.

Results: We screened 707 articles, selecting 6 articles for inclusion: 4 quantitative studies and 2 qualitative studies that examined populations in 9 different countries. All study participants were adults (aged 15–65) living in or displaced from a conflict-affected country. Data sources included death records, hospital records, and interviews with refugees, internally displaced persons, and others affected by conflict. Overall, we found a positive, but ambiguous, association between violent conflict and opiate use, with five of six studies suggesting that opiate use increases with violent conflict. Five key factors mediate the conceptual relationship between opiate use and violent conflict: (1) pre-conflict opiate presence, (2) mental disorders, (3) lack of economic opportunity, (4) changes in social norms or structure, and (5) changes in drug availability.

Conclusions: The strength and direction of the association between opiate use and violent conflict and the proposed mediating factors may differ between contexts, necessitating country and population-specific research and interventions. Prevalence of opiate use prior to the start of conflict was common to all populations in which conflict induced a change in opiate use, suggesting that interventions to reduce opiate use and future research should focus on such populations. Population-based, longitudinal studies that use systematic measures of exposure to conflict and opiate use are needed to further explore this association and its mediating factors.

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Introduction

The vast majority of wars in the past twenty years have taken place in low- and middle-income countries (LMICs) (Department of Peace and Conflict Research, 2011; World Bank, 2013a,b). There are 6.2 war-related deaths among populations in LMICs for every one war-related death in a high-income country population (World Health Organization, 2002). While inter- and intrastate conflicts exert a direct toll on LMICs, causing premature mortality, morbidity, and infrastructure destruction (Basu, 2004; World Health

Organization, 2002), conflicts also have immeasurable indirect costs, reducing productivity and causing poor health outcomes, including higher infant mortality, increased communicable disease transmission, and a rise in the prevalence of mental disorders (World Health Organization, 2002).

Exposure to conflict may also lead to an increase in population-level prevalence of drug use. Experiencing conflict is a risk factor for alcohol and cannabis use in LMICs (Okulate & Jones, 2006; Weaver & Roberts, 2010). Systematic reviews of studies conducted in LMICs have shown that international and interstate conflict and displacement are associated with poor mental health outcomes (Roberts & Browne, 2010; Steel et al., 2009), and mental disorders are risk factors for substance use (Fazel, Bains, & Doll, 2006; Fazel, Khosla, Doll, & Geddes, 2008; Torrens, Fonseca, Mateu, & Farré, 2005). These results suggest that conflict may, via mental health, increase opiate

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use. The case study of Afghanistan suggests a dangerous association between violent conflict and opiate use. Between 2005 and 2009, a period of intense conflict, the number of regular opium users in Afghanistan jumped from 150,000 to 230,000, and the UN Office on Drugs and Crime (UNODC) reported that 37% of Afghan drug users started using opiates while refugees in Iran or Pakistan (United Nations Office on Drugs and Crime, 2009a). This massive increase in opiate use in Afghanistan raises questions about the role that conflict and its associated factors play in changing drug use behavior (Griffin & Khoshnood, 2010; Todd et al., 2012).

Worldwide, up to 21.9 million people use illicit opiates, and the prevalence of opiate use in low and middle-income countries is rapidly increasing (United Nations Office on Drugs and Crime, 2008). Opiate use may be particularly problematic in low-resource settings because treatment for opiate dependence is largely unavailable (Maguet & Majeed, 2010; United Nations Office on Drugs and Crime, 2008); opiate use impedes economic development because it is associated with increased drug trafficking, drug-related violence, mental disorders, high healthcare costs, and the spread of infectious disease (through needle-sharing and risky sexual behavior) (Hankins, Friedman, Zafar, & Strathdee, 2002); and supply of opiates is more readily available since the majority of the world's opiates are grown in LMICs (United Nations Office on Drugs and Crime, 2008).

Despite the concentration of violent conflicts in LMICs and the evidence suggesting that exposure to conflict can lead to increases in substance use, we are aware of no systematic reviews that have examined associations between violent conflict and opiate use and in LMICs. Accordingly, we sought to explore associations between conflict and substance use by conducting a systematic review of research on conflict and opiate use in LMICs that are affected by an intra- or interstate conflict. Much of this research has been conducted in a single country or region, and a systematic review allows the aggregation of those findings and exploration of trends across countries (Moher, Liberati, Tetzlaff, & Altman, 2009). A better understanding of the association between opiate use and violent conflict can inform decisions about how future research or interventions should approach substance use in conflict-affected populations.

Methods

The review of the existing literature was based on the preferred reporting items for systematic review and meta-analyses (PRISMA) guidelines (Moher et al., 2009).

Search strategy for identification of studies

Searches were conducted of the bibliographic databases MEDLINE (1948–November 2012), PsychINFO (1967–November 2012), SCOPUS (1966–November 2012), and PILOTS (1871–November 2012) for articles containing one or more conflict-related terms (“refugee,” “internally displaced,” “displaced persons,” “conflict affected,” “post conflict,” or “war”) and one or more opiate-related terms (“opiate,” “opioid,” or “heroin”). Search terms were based on those used in the systematic reviews by Roberts and Browne (Roberts & Browne, 2010) (conflict), Fatséas et al. (Fatséas, Denis, Lavie, & Auriacombe, 2010), and Simoens et al. (Simoens, Matheson, Bond, Inkster, & Ludbrook, 2005) (opiate dependence). Searches were conducted as a combination of text and controlled vocabulary words, translated into syntax appropriate for each database. Using combinations of conflict and opiate-related terms, researchers searched the non-academic literature of select governmental

and non-governmental organizations¹ using web-based search engines. Following the database search and initial screening of the search results, two researchers conducted a forward search, a manual search of the bibliographies of the results of the title and abstract screen to identify studies that, based on their titles, fit the review criteria and had not been identified through the database search. Those studies were then included in the full text screen.

Types of studies

Selected studies had opiate use as an outcome variable or characteristic of the participants. If there was data on the use of more than one drug, the study had to specify that a majority of patients used opiates or differentiate opiate use data from data on other drugs. Studies were excluded if they focused only on drug policies, treatment programs, or the history of drug use, or contained no original data. Studies with qualitative or quantitative data and in English or French were included.

Types of participants

Studies were included if their participants were between the ages of fifteen and sixty-five and were living in or recently displaced from a conflict-affected LMIC. If the subjects had been displaced, they had to be living in another LMIC when the study was conducted because the stresses and challenges facing displaced people in high-income countries, such as asylum seeking, and the resources potentially available to them differ from those in LMICs. A country's economic status was determined using the World Bank Gross National Income (GNI) data (World Bank, 2013b) and country classifications (World Bank, 2013a), which specify that LMICs have a GNI per capita of less than \$12,275. Although studies were not included unless they mentioned conflict, the researchers also cross-checked using the Uppsala Conflict Database, a listing of all global conflicts since the 1970s, to ensure that the country was conflict-affected before or during the study period (Department of Peace and Conflict Research, 2011; Uppsala Conflict Data Program, 2011).

Results

The database search yielded 690 articles, and 470 articles remained after the researchers removed duplicates (complete selection process displayed in Fig. 1). Two researchers separately screened the titles and abstracts of all results and reconciled differences through discussion, jointly selecting 36 articles. The most common reasons that studies were excluded during the title and abstract screen were that they focused on the “War on Drugs,” histories of drug use, drug production or trade, or use of non-opiates; or were conducted in high-income countries or countries that were not conflict-affected. In the forward search, the researchers identified 17 articles that could potentially meet the search criteria. The researchers screened the abstracts of those articles and identified eight articles that appeared relevant. The forward search results were combined with the results of the original screen, and the researchers reviewed their full text and reconciled study selections through discussion. One study was excluded because the full text was not available (Abu Qamar, Thabet, & Vostanis, 2007) and the others were excluded because they did not mention conflict, did

¹ Grey literature databases searched: World Bank e-library, World Health Organization e-library, UN Bibliographic Information System, Médecins Sans Frontiers Field Research, International Organization for Migration, and the International Committee for the Red Cross.

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