

# A study of Addictive Inpatients at Ibn-Rushd Psychiatric Teaching Hospital in Baghdad

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## **Abstract**

Objective :

1-Find out the prevalence of alcohol and drugs addiction in two different years before and after the last war i.e. in 2002 and in 200. 2-Study the association between the addiction and some variables. 3-Identify the prescribed drugs and other substances that have been abused

Methodology : A retrospective study has been conducted involving the in-patients at addiction unit-Ibn-Rushd psychiatric hospital in Baghdad by applying the semi-structured form based on ICD-10 criteria of addiction and dependency with the confirmation of the specialist psychiatrist diagnosis of dependency. Data concerning each patient admitted in the hospital was gathered to have an idea about the problem of addiction (drugs and alcohol) during the year 2002 and the year 2004. The total number of the patients was 286.

Results : The results showed that drug addiction was significantly increased more than alcohol, 73% of admissions in 2002 were alcoholic while in 2004, 40.8% of in-patients were alcoholic.

In 2004, the drug addiction in patients was 58.2% and in 2002 was only 27%, which was statistically significance.

All patients were males; young age, single, and unemployed. The most common drug was benzhexol (artane) either alone or with other drugs or mixed with alcohol.

Recommendation :

Key wards: addiction, alcohol, drugs, in-patient, Psychiatric hospital maturity.

## **Introduction**

Addiction is a complex disorder with biological, psychological, and social components. About 5% of global populations have consumed illicit drugs once in the last 12 month according to 2005 world drug report<sup>(1)</sup>.

Addiction affects the individual and the family physically, psychologically and socially and imposes major effects on the community by accidents, crimes and loss of productivity <sup>(2)</sup> Addiction costs the government millions dollar annually <sup>(3)</sup>. Its consequences are devastating for countries with limited resources, like ours, to fight against it. So Drug, alcohol and tobacco misuse (generically known as substance misuse) is a universal phenomenon that affects all levels and strata of society.

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Increasing drug use generally has caused a host of social, behavioral, psychological and physical problems among populations<sup>^</sup>

In response to this, combating drug misuse has become a principle concern of government.

In the United Kingdom UK, 6% of the population takes at least one illegal drug in any one year<sup>(5)</sup>. The problem drug abuse has grown significantly over the last years, negatively impacting upon individuals, communities and society as a whole. The problem of narcotic and psychoactive substance abuse was limited in Iraq and the annual international reports denoted the clearance of the country from real problem in this field<sup>(6)</sup>.

Still the problem that faced the Iraqi mental health system is the misuse of prescribed drugs, in addition to the old/new problem of alcohol abuse<sup>(7)</sup>. As well as an increase in primary healthcare and hospital attendances.

This study gives overview of drug and alcohol addiction in Iraq through retrospective study to all inpatients (the total number was 286 patients) admitted to the addiction unit in Ibn-Rushd psychiatric teaching hospital during the year 2002 and the year 2004.

Substance use and misuse are increased substantially, causing a host of social, behavioral, and health-related problems, both physical and mental. Prescribed, non-prescribed drugs and alcohol abuse have been rising up in Iraqi society over the last years through the clinical observations.

Objectives: to determine the prevalence of alcohol and substance addiction in 2002 year and in 2004 year among inpatients admitted at Ibn-Rush psychiatric teaching hospital in Baghdad and to find the correlation with some sociodemographic variables

### Methodology

Retrospective study was conducted involving all records of Iraqi inpatients admitted at addiction unit, Ibn-Rushd psychiatric teaching hospital, during 2002 and 2004, whom were they diagnosed and treated as addicts by specialist psychiatrists depending on clinical data and ICD-10 criteria of addiction<sup>(8)</sup>.

Ibn-Rushd hospital is located at the center of Baghdad specialized with psychiatric disorders only, with 74 beds capacity and addiction unit of 18 beds.

Information list was prepared for this purpose including the sociodemographic data, types of prescribed drugs, duration and frequency of admission, and cc morbidity. Statistical analysis of the data was done using statistical package of social science (SPSS v.8.0)

**Results**

**Table (1) Sociodemographic features of Iraqi inpatients admitted to the addiction unit at Ibn-Rushd psychiatric teaching hospital during year2002 and 2004**

^X.Substance	Alcohol		Alcohol+ Drug		Single Drug		Mixed Drug		%		
	2002	2004	2002	2004	2002	2004	2002	2004	2002	2004	
<b>Age (Years)</b>											
1-20	0	0		7	1	9	3	10	7.6%	1.3%	
21-30	9		5	16	1	22		1	18%	30.9%	
31-0	21	2	1	9		6	2	6	26.6%	2.8%	
1-50	29	30	0		1	1	1	2	29.5%	19.8%	
51-60	13	15	0	1	0	0	1	0	13.3%	8.8%	
61+	5	1	0	0	0	1	0	0	0.7%	1.1%	
Total	77	7	10	36	7	39	11	32			
<b>Marital Status</b>											
Single	21	16	8	2	2	27	7	20	36.1%	8%	
Married	8	7	2	8	5	9	2	11	5.2%	1%	
Divorced	7	10	0		0		2	0	8.5%	9.3%	
Widowed	1	1	0	0	0	0	0	1	0.95%	1.1%	
Total	77	7	10	36	7	39	11	32			
<b>Education</b>											
Illiterate			1	7		6	0		.7%	11.6%	
Primary	22	35	7	18		25	6	12	36%	9.7%	
Intermediate	25	22	2	8	2	5	2	10	29.5%	2.8%	
Secondary	13	6	0	3	0	2	3		15%	8%	
College+	13	7	0	0	2	1	0	2	1%	5.5%	
Total	77	7	10	36	7	39	11	32			
<b>Economic status</b>											
Poor	25	31	3	22		2	1	7	15	37%	50.8%
Satisfied	2	39	7	1	2	1		15	52.3%	5.3%	
Rich	10		0	0	1	1	0	2	10%	3.8%	
<b>Employment</b>											
Employed	6	8	0	3	2	2	0	2	7.6%	8.2%	
Unemployed	13	10	3	15	2	22	2	1	19%	32.7%	
Retired	9	9	0	0	0	0	1	1	9.5%	5.5%	
Self-employed	9	7	7	18	2	15	9	15	63.8%	52%	
Total	73%	0.8%	9.5%	19.8%	6.6%	21.5%	10%	17.6%	100%	100%	



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**Table (2) some clinical variables of Iraqi inpatients admitted to the addiction unit at Ibn-Rushd psychiatric teaching hospital 2002 and 2004**

^^Substance	ALCOHOL		ALCOHOL+ DRUG		SINGLE DRUG		MIXED DRUG		%	
	2002	2004	2002 j	2004	2002	2004	2002	2004	2002	2004
<b>Referral</b>										
Self	35	23	3	15	2	13	1	12	39%	3.8
Family	3	38	7	1		17	9	12	51%	.7%
Psychiatrist	6	11	0	1	1	0	1	3	7.6%	8.2° i
Other	2	2	0	6	0	9	0	5	19%	12°
<b>Family history</b>										
Positive	21	16		7	0	5		2	27.2%	16.51
Negative	56	58	6	29	7	3	7	30	72.3%	83.°:
<b>Duration of illness (Years)</b>										
1-5	12	18	5 !	22	6	32 j	6	20	27.6% 1	50.8°
6-25	27	19	1	0	0	0	0	3	26.6%	12°:
26-35	9	6	0	1	0	0	0	0	8.5%	3.8°:
<b>Number of admission</b>										
Once	68	56	10	31	7	3	11	27	91.0%	81 "
Twice	5	11	0	5	0	5	0		.7%	13.89
Thrice		7	0	0	0	0	0	1	3.8%	.% i
<b>Duration of admission(Days)</b>										
1-5	3	25		9	1	21	7	11	3.8%	36.°•
6-10	29	2	5	22	6	17	2	15	0%	1.<
11-15	11	12	1	1	0	0	2		13.3%	9.3°:
16-20	3		0		0	0	0	0	2.8%	c
21+	0	9	0	0	0	1	0	2	0%	6.6°.
<b>Comorbidity</b>										
Physical	15	2	0		0	1	0	1	12%	16.
Psychiatric	27	29	5	22	2	20	6	12	37.9%	5.6>
Non	5	38	7	21	6	25	9	20	63.8%	57.0%
<b>Outcome</b>										
Improved	2	35	2	19	j	11	3	1	30%	3.:
Partial	7	6	0	1	1	3	0	3	7.6%	7.:
Referred			0	1	0	1	0	0	3.8%	3.3
Escaped		9	1	9	1	13	0	8	5.7%	2151
Discharged	35	13	6		2	9	8	6	8.5%	17.6
No response	3	7	1	2	0	2	0	1	3.8%	6.61

Total	73%	0.8%	<b>95%</b>	<b>19.8%</b>	6.6%	21.5%	<b>10%</b>	<b>17.6%</b>	<b>100%</b>	1
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**Table (3) The pattern of the substance addiction. Number and percentage of cases and types of substances P.value significant at 0.05**

SUBSTANCE^	2002		2004		p-value
	No.	%	No.	%	
ALCOHOL	77	73%	74	40.8%	S P=0.030
ALCOHOL +DRUG	10	9.5%	36	19.8%	S P=0.002
SINGLE DRUG	7	6.6%	39	21.5%	S P=0.010
MIXED DRUGS	11	10%	32	17.6%	S P=0.040
TOTAL	105	100%	181	100%	

**Table (4) Frequency of groups of substances**

**NS= p value >0.05**

SUBSTANCES	2002		2004		p-value
	No.	%	No.	%	
Alcohol	77	73%	74	40.8%	
Alcohol +Drug	+Diazepam	2	8		
	+Artane	2	13		
	+Diazepam	3	8		
	+Artane				
	+Others	3	7		
	Total	10	9.5%	36	19.8%
Single Drug	Artane		18		
	Diazepam	-	8		
	Thinnar	-	5		
	Glue	-	2		
	Pethedine	1	-		
	Antitussive	2	-		
	Somadril	-	2		
	Ketamine	-	1		
	Tryptizol	-	1		
	Benzene	-	1		
	Opium	-	1		
	Total	7	6.6%	39	21.5%
Mixed Drugs(poly-drug abuse)	diazepam	3	17		
	+artane				
	Others	8	15		
Total	11	10%	32	17.6%	Ns P=0.075

**Table (5) Frequency of each substance**

	2002		2004	
	No.	%	No.	%
Alcohol	<b>87</b>	82.8%	110	60.7%
Diazepam	<b>1</b>	13.3%	<b>57</b>	31.%
Artane	20	19%	<b>73</b>	0.3%
Somadril	<b>5</b>	.7%	<b>6</b>	3.3%
Ativan	<b>1</b>	0.9%		2.2%
Antitussive	<b>2</b>	1.9%		2.2%
Revotril	<b>3</b>	2.8%	<b>3</b>	1.6%
Mogadon	<b>1</b>	0.9%	-	-
Pethedine	<b>1</b>	0.9%	1	<b>0.5%</b>
Glue	-	-	2	<b>1.1%</b>
Thinnar	-	-	9	<b>.9%</b>
Benzene	-	-	1	<b>0.5%</b>
Opium	-	-	1	<b>0.5%</b>
Ketamine	-	-	1	<b>0.5%</b>
Tryptizol	-	-	1	<b>0.5%</b>
Allarmine	-	-	2	<b>1.1%</b>
Kemadrin	-	-	1	<b>0.5%</b>

**Table (6) the duration and the cost of admission**

	2002	2004
Range of Period of Admition	7.27 DAYS	7.89 DAYS
Cost For Each Patient	3572 ID	FREE OF CHARGE
Cost For Each Day	912 ID	FREE OF CHARGE

### Discussion

The sociodemographic profile of the clients in both samples of admissions indicate that the most age group included in drug addiction was 21-30 years in both years (2002 and 2004) all were males and unmarried (single). Other studies showed more extensive drug use among young people<sup>(</sup>

As noticed from the results, the inpatients with drug addiction is significantly outnumbered the inpatients with alcoholic addiction, when we compare between the year 2002 and 2004. The co- consuming of alcohol and drugs also increased in 2004. with the benzhexol (artane) was the most favorite drug abused, as a single drug which was statistically significant. Data revealed that clients were using one or more substance. Artane was the most frequently reported drug. Change in the use of a substance can be the other way round—from the therapeutic use to abuse.



According to Ghodse (1995) changes in the use of a drug, that is, where it is used therapeutically or illegally as a form of abuse.

There was tendency of polydrug abused mainly valium plus artane and again more in 2004. The phenomenon of polydrug use seems to be the normal among drug misusers rather than exception<sup>(10)</sup>

Many drugs that have been prescribed are not taken as directed. Adulteration of dose, frequency and route of administration may lead to misuse of drugs that have been prescribed in good faith.

Psychoactive substances are used in both traditional and complementary therapies as they have profound therapeutic benefits that enable people to offset physical or psychological pathology limit disability and help maintain function. Alcohol, for example, is used by the majority of the adult population as a social lubricant: it helps to relieve tension and anxiety and to facilitate social intercourse. However, an increasingly large proportion of the population is misusing drugs, both licit and illicit, with physical, psychological, social and/ or legal consequences. Some individuals who become acquainted with substances through legitimate medical use are engaging in self-medication for the relief of particular symptoms or to counterbalance the effects of other substances. Homeless is a factor contributed in addiction in some communities which is less prominent in our society<sup>(11)</sup>

Many people experiencing psychiatric symptoms gain short-term relief from their symptoms by using illicit substances<sup>(12)</sup>.

The royal college of psychiatrists described a variety of influences upon drug use: self-medication, where people use drugs to alleviate anxiety, boredom, depression, or to assist in staying a wake: general availability of drugs: the influences of friends, sub-cultures and family. Personality and age have a bearing on drug use, and that young people generally take risks and experiment with many aspects of life

The co-morbidity was psychiatric significantly more than physical problems. The co-existence of mental health and substance use problems, the use of illicit drugs, excessive alcohol, or the misuse of certain prescribed medication significantly compounds the complexities of mental illness. Solomon et al 1993 found dual diagnosis prevalence rates in schizophrenia and bipolar disorder of 7% and 60% respectively<sup>(12,13)</sup>.

The above results indicate that drugs and their availability became easier in 2004 than in 2002 for many reasons including the absence of observation and supervision and restriction on distribution and marketing of drugs and the weakness of the rules of ministry of health, in addition to easiness of selling and smuggling of the drugs across the opened borders of the country for the substance and people. In addition to ongoing hard restrains on alcohol selling and dealing, with relatively expensive than drugs which are easily achieved from any place including the pharmacy with or without medical receipt.

The instability of the social, political and legal circumstances, with the absence of security and safety environment and no application of the law and punishment procedures with the stealing and theft of the private and governmental stocks and stores medications and drugs to be handled through people and soled cheaply. In addition to return back o lot of immigrant population to their home bringing with them the habits of poly drug abuse addiction lifestyle.

This information might suggest that other substance using individuals such as; females, different groups and different drug profile are under unemployed in



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statistically significant manner, belonging to middle social class (satisfied with their economic status). Therefore, it has been seen that this age group, male single unemployed are more subjected to drug misuse and addiction as many studies agreed with these results. A report from the advisory council on the misuse of drugs on the drugs and environment referred to the influence of housing and employment on drug use. Pearson et al (1987) found that there was a link between drug problems, social deprivation and unemployment.<sup>(1, 2)</sup>

The other variables were regarding the referral of the clients that was by their families or by themselves. Moreover, the duration of the problem was 1-5 years; with mean period of admission was 6-10 days.

So we must pay attention and focus on these cases for protection and preventing relapse. It has been said that psychiatric morbidity course with or sequelae of the illness is drug more than alcohol<sup>(14,15)</sup>

Most patients admitted once, with negative family history of drug addiction which impose that the problem is more towards socio-environmental condition more than genetic or familial one.

The results from the first phase of treatment outcome evaluation suggest there have been positive outcomes for clients associated with treatment even with this short period.

There is increasing evidence that prolonged exposure to drugs of abuse produces long-lasting effects in cognitive and drug-rewarding circuits. For this reason, addiction should be considered a chronic medical illness<sup>(1)</sup> So it has been concluded that:

1-Drug addiction is increasing problem over the last years. Drugs and alcohol misuse have been, and remain, a universal phenomenon affecting all strata of society and have caused a host of social, behavioral, psychological and physical problems. 2-The majority of clients in this review study was young (aged between 21-30 years). male, single, unemployed who are more prone to this problem than others. They are represented a high risk group.

3-there were statistically significant differences between the in-patients at addiction unit in year 2002 and 2004 (Table 3).

Conclusion: the study showed that there was significant increase in drug addiction, mainly benzhexol (artane) in comparison with alcohol addiction (the year 2004 vs. 2002), and many causes were discussed and some recommendations have been offered, paying attention for this rise and planning strategies to overcome this major problem



### Recommendations

- Lit is recommended that firm restrictions, obligations, and instructions applied towards all fields concerning drugs in addition to what previous applied to overcome this problems of drugs and alcohol.
2. Supervision, control inspection and surveillance upon the private pharmacies and drug stores with clear guidelines in prescription of the induced addiction drugs, and making laws and acts to limitate the dispense of these drugs. There are obviously also wider approaches concerned with primary prevention: for example policing, harsher penalties for supplying drugs, customs and import controls, prescribing controls, licensing laws and international collaboration
  3. Cooperation and participation with the neighboring countries to prevent all the illegal processes that might increase the size of the problem.
  4. Control over the drug induced addiction from all foundation and medical societies concerned in this issue.
  5. The training program for primary health personnel in terms of education and recognition of the drug problem.
  6. Education and counseling family, society and participation of the family in therapy and rehabilitation. Training of healthcare professionals. A variety of different primary intervention strategies is now being adopted which, on the face of it, are not related to drug abuse: for example, improving housing, providing education.
  7. A program of education for students in medical and all colleges and institutes can be presented with primary health and higher education. Programs and training courses for the teachers and social personnel in schools and universities
  8. Providing labor opportunities for the unemployed large section of young people with cooperation with the Ministry of Labor and Social Services and Affaires.
  9. Treatment of the associated psychiatric conditions and remind the psychiatric personnel to be aware of these conditions to prevent relapses and adoption unhealthy coping strategies..

### References

1. Gran, M. and Hodgson. R.: **Responding to drug and alcohol problems in the community**, WHO, Geneva, 1991.
2. Michael, G; Richard, M. and John, M.: **Problems due to use of alcohol and other psychoactive substances**. Oxford University Press, 2000, PP. 257-250.
3. Maristela, G: **Young people and substance use**. World Health Organization, 1999.
4. Maclom, B. and Bruce, R.: **Substance misuse : in Compaion to psychiatric studies**, New York: Churchill Livingstone, 1998, PP. 329-336.
5. Miller, W. and Carroll, K.: **Rethinking substance abuse**, The Guilford Press, 2006.
6. Farrell, M.; Howes, S. and Bebbington, P.: **Nicotine, alcohol & drug dependence and psychiatric comorbidity**, BJPsych, 179, 2001.
7. Areseneault, L.; Cannon, M. and Witton, J.: **Causal association between cannabis and psychosis:examination of the evidence**, BJPsych, 18, 2000, PP. 110-117.
8. The ICD-10 **classification of mental and behavioral disorders; clinical description and diagnostic guidelines**. World health organization Geneva 1992.

9. Rosealynn, C: **World mental health day.** World Federation for Mental Health. 2000.
10. Johnson, K.; Gerada, C. and Greenough, A.: **Substance misuse.** 183, 2003.
11. Holland, M.: **Substance use and mental health problems: Meeting the challenge.** BJN, 17(15), 1998, PP. 896-900.
12. Rassool, G. and Marshall, F.: **Substance use and misuse: A public health perspective.** NT research, 6(6), 2001.
13. Jackson-Koku, G.: **Mental illness and substance misuse: A nursing challenge.** BJN, 10,2001.
14. Taylor E., Sherratt K., and Davis P.: **Evaluating treatment ouy comes using the Maudsley addiction profile.** Margarete centre, 2006.
15. Dinan, T. and Flynn, K.: **Medical aspects of drug and alcohol misuse in practice** nursing, 11(1), 2000.
16. Farre, M. and Cami, J.: **Mechanisms of disease: Drug addiction,** 2003.
17. Crocq, M.: **Depression and alcohol. WPA Bulletin on depression,** 23, 2001. PP. 50-51.
18. Skog, O.: Public health consequences of the J-curve hypothesis of alcohol problems. **Addiction,** 91, 1996, P. 325.

