

Responding to Rising Substance Misuse in Iraq

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We present an overview of the current substance misuse situation in Iraq. Numerous indicators as well as first-hand observations of the authors, suggest that substance misuse is increasing in Iraq. Violence, economic uncertainty, poorly monitored borders, and a porous pharmacy system, all appear to be contributing to the problem. Yet, Iraq also has significant features that put some restraints on the size of the problem, most notably highly cohesive families and prevalent religiosity. The Iraqi Ministry of Health is leading an international effort to respond to rising substance misuse and associated mental and physical health conditions.

Keywords Iraq; pharmaceutical diversion; trauma; addiction; war zones; opiates

Introduction

After decades of dictatorship, wars, and economic sanctions, the nation of Iraq faces many challenges today, including misuse of psychoactive substances. This paper describes what is known about the problem, and the steps being taken to address it. We begin with some important history.

The region known as Iraq today has an ancient history, including being the site of the first medical schools in the Sumerian era and the first psychiatric hospitals during the Islamic caliphate period. The modern history of substance use-related policy and programs in Iraq began in 1979 with the founding of a 15-bed addiction treatment unit in the Ibn Rushd hospital in Baghdad. In the 1970s, Iraqi medical schools and facilities were considered among the best in the region, and a number of Iraqi physicians (particularly psychiatrists) took on addiction as a specialty.

In the 1980s, Iraq experienced a large Egyptian migration, some of whom brought with them the habit of solvent inhalation. This problem then became endemic among native Iraqi youth (Al-Hasnawi, 2005).

During the regime of Saddam Hussein, government policy toward substances was as harsh and capricious as in other areas. The militarization of the borders made drug trafficking difficult, but it nonetheless occurred as evidenced by occasional prosecutions. The seriousness with which drug crimes were viewed can be grasped when one considers that such cases were tried in the same revolutionary courts that had purview over charges

Any opinions expressed are those of the authors and do not necessarily represent official positions of the Iraqi or US government.

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of treason and espionage. These courts, which had judges but no juries, were known for a high conviction rate and prompt and harsh sentences (Kechichian, 1990).

Alcohol has a history different from other substances because alcohol intoxication is specifically forbidden in the Koran. Alcohol is thus more stigmatized and less available in Iraq than, for example, in Europe. During one of his occasional periods of portraying himself as being more religious, Saddam Hussein banned bars in 1993, although alcohol continued to be available in shops.

Like most societies, Iraq had some contradictions in its substance misuse situation under Saddam. Although alcohol was officially condemned on religious grounds, it was still consumed and readily available to those who were politically well connected. Further, on the front of the Iran–Iraq war, where hundreds of thousands of military conscripts were under tremendous psychological strain, alcohol was not allowed but medications that produce alcohol-like effects (e.g., diazepam) were consumed in abundance (Al-Hasnawi, 2005). The final contradiction was that the government maintained an official position that there was no addiction in Iraq, yet continued to operate addiction treatment facilities and execute individuals accused of drug trafficking. It also created a national program on substance abuse within the Ministry of Health in collaboration with the World Health Organization (WHO) in 1999, and a national council on substance abuse in 2000.

The end of the Saddam regime created opportunities for new policies in many areas, including substance misuse. In 2003, Health Minister Abbas declared mental health one of the top three priorities for the health care system. A newly appointed national mental health advisor, Dr. Sabah Sadik, led the creation of a national council of mental health in 2003, which was subsequently integrated with the prior national council on substance abuse to better coordinate activities in these areas. Subsequently, the first anti-drugs police unit was created in 2004. Draft substance misuse prevention and control legislation was passed by Parliament in 2005, after input from many professionals (including the authors of this paper). Also of note is that the new Health Minister of Iraq, Dr. Salih Al-Hasnawi, is a trained addiction psychiatrist.

The Current Situation

Turning from the past to the present, we must emphasize that although the Iraq Ministry of Health is working with WHO to complete and analyze a national representative survey of drug and mental health-related problems in Iraq, what follows here is based on the author's impressions and those of their colleagues around Iraq.

A number of evidences suggest that substance misuse has increased in Iraq in recent years. Media studies of hospital records note that the number of Iraqis treated for drug overdose and for addiction rose significantly from 2002 to 2004 (Mahmoud and Eversley, 2005). Individual colleagues in diverse regions of the country have also reported that they are treating more patients for substance misuse, and that the black market in drugs is thriving. The most commonly misused substances appear to be pharmaceuticals, such as benzhexol (Artane), benzodiazepines, and codeine. News reports have suggested that Iraqi soldiers are among the populations that misuse benzhexol (Al-Husaini and Goode, 2008). The smoking of opium (but not, so far as we can tell, opiate injection) is also fairly common near the Iran–Iraq border, and in the cities of Kerbala and Najaf. What is driving these changes?

The conflict situation is one of the factors creating the increase of substance misuse due to the stress created directly by witnessing and fearing violence and indirectly for those enduring bereavement of loved ones who have been murdered. Yet, violence cannot explain substance misuse everywhere, because the problem seems to be increasing even in relatively peaceful areas (e.g., the Kurdish region of Iraq).

Economic strain is a much more pervasive stressor in Iraq. Inflation is uncontrolled and unemployment rates are very high. A large number of young people have left school and have no jobs. All of this is a fertile ground for the use of drugs and for encouraging drug dealing as an economic survival strategy.

Iraq's geographical location also fuels substance misuse. Iraq is surrounded by many countries that produce, consume, and deal extensively with harmful substances, including a very serious heroin addiction epidemic in neighboring Iran. A 2001 epidemiological study estimated that Iran has 3.76 million opioid users, about one-fourth of whom use heroin (Farnam, 2005). Border control is minimal. Substance misuse is a key problem in Iraq, particularly among people returning from Iran, including religious pilgrims.

The lack of border control and consistent policing more generally have made Iraq a transit point in the drug trade. The flow of hashish and heroin across the country has arisen, with collateral violence and addiction among Iraqis as a painful side effect.

By far the most serious factor contributing to the drug problem is the weakness of the pharmaceutical system. Almost anyone can buy any type of medicine from the pharmacy without any prescription (or with a forged or expired prescription) due to the prevailing security situation and the lack of governmental control over sources of sale and distribution of medications. There is widespread medication supply leakage from health centers and hospitals, especially of analgesics, hypnotics, and narcotics. Illegal sales of medicines by unqualified persons also occur in the street.

These are all serious risk factors. Yet, it must also be remembered that Iraqis also possess characteristics associated with resilience. Families in Iraq are highly cohesive, and children are being monitored closely. Both of these factors significantly lessen young people's use of substances (Moos, 2006). Further, although religious norms never eliminate substance misuse, they are well correlated with lower use rates (Humphreys and Gifford, 2006), and Iraq remains a religiously observant country.

The Response

The response to the problem has been lead by the Iraq Ministry of Health with close collaboration with other ministries (Humphreys and Sadik, 2008). The leading organizational body is the aforementioned National Mental Health and Substance Abuse Council. Key international partners include the WHO, the U.K. Royal College of Psychiatry and West Kent National Health Service, and the US Substance Abuse and Mental Health Services Administration. Selected individuals and governments (e.g., Japan) have also donated resources to the project.

The lack of accurate data about substance misuse problem in Iraq poses a complex situation for many sectors of health and social services in Iraq. The response has been, as mentioned, to work with the WHO to conduct a nationally representative survey of mental health and substance use conditions nationwide.

Right now the program of substance misuse control has been working within the National Mental Health and Substance Abuse Council to improve the services for people who misuse substances, to formulate appropriate legislation, to fight stigma, and to increase the

priority of substance misuse in public health programs. Frequent breakdowns in communication and security make it difficult to implement many programs. However, a number of targeted prevention efforts, for example, educational programs for teachers and physicians working in primary health care centers, have been completed.

A number of nongovernmental organizations (NGOs) are active in Iraq, particularly in the Kurdish region, and are providing services and training on substance misuse and related issues, including torture-related trauma, forensic psychiatry, and children's issues.

Support from international partners has allowed week-long training and planning initiatives in Iraq and in nearby countries. The general format is to bring together a large number of Iraqi medical professionals and other key stakeholders (e.g., faith leaders, judges, human rights activists, NGOs), to form plans for mental health and addiction services, and to learn about recent developments in such services. The trainers at such events have largely been Iraqi-born and trained professionals now living abroad, although some other UK and US professionals have also participated.

Ultimately, the success of efforts to respond to substance misuse problems in Iraq will depend on greater political and economic stability in the country. Yet, the problems are too serious to wait for that to occur, so the concerned team continues to work in the hope that their efforts will be facilitated rather than hindered by the fate of Iraq as a whole.

RÉSUMÉ

Nous présentons un aperçu de la situation de mauvais usage de substance actuelle en Iraq. De nombreux indicateurs, aussi bien que les observations de première main des auteurs, suggèrent que le mauvais usage de substance augmente en Iraq. La violence, l'incertitude économique, un pauvrement contrôlé des frontières et un système de pharmacie poreux tous ont l'air de contribuer au problème. Pourtant l'Iraq a aussi des caractéristiques significatives qui mettent quelques restrictions sur la taille du problème, les familles le plus notamment extrêmement cohésives et la bigoterie qui prévaut. Le Ministère de la Santé Iraquien mène un effort international de répondre au mauvais usage de substance montant, aussi bien qu'a associé des conditions de santé mentales et physiques.

RESUMEN

Presentamos una visión panorámica de la situación actual del uso indebido de las drogas en Irak. Numerosos Indicadores, así como también las observaciones de primera mano de los autores, muestran que el uso indebido de drogas se esta incrementando cada vez en Irak. La violencia, la incertidumbre económica, las fronteras no tan bien supervisadas y un pobre sistemas farmacéutico son factores que están contribuyendo al problema. Sin embargo, Irak cuenta con importantes características que protegen el uso indebido de las drogas lo que contribuye al aumento del problema; muy especialmente en aquellas familias cohesionadas y donde prevalece la religiosidad. El ministerio de la Salud Iraqui esta conduciendo un esfuerzo internacional como respuesta al incremento del uso indebido de las drogas así como también a los condiciones sobre la salud física y mental asociado al problema.

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