



Drug abuse and treatment in Iraq

Keith Humphreys

Veterans Affairs and Stanford University Medical Centers
Palo Alto, California

Limitations on current knowledge

- No community epidemiologic data
- No clinical epidemiologic data
- All drug problems are local
- Limitations of yours truly



Some important recent history

- Health care system, medical schools among the region's best in the 1960s and 1970s
- System starved of resources 1980s-1990s
- Professionals cut off from outside information
- MH Professionals military-based
- Alcohol frequently not available 1980s-1990s
- Drug importation hazardous
- Entrenched culture of fear and distrust

Current forces increasing drug use

- Weak border controls
- Criminal organizations
- Disordered daily life for many families
- Prevalent psychological problems
- Weak pharmacy norms

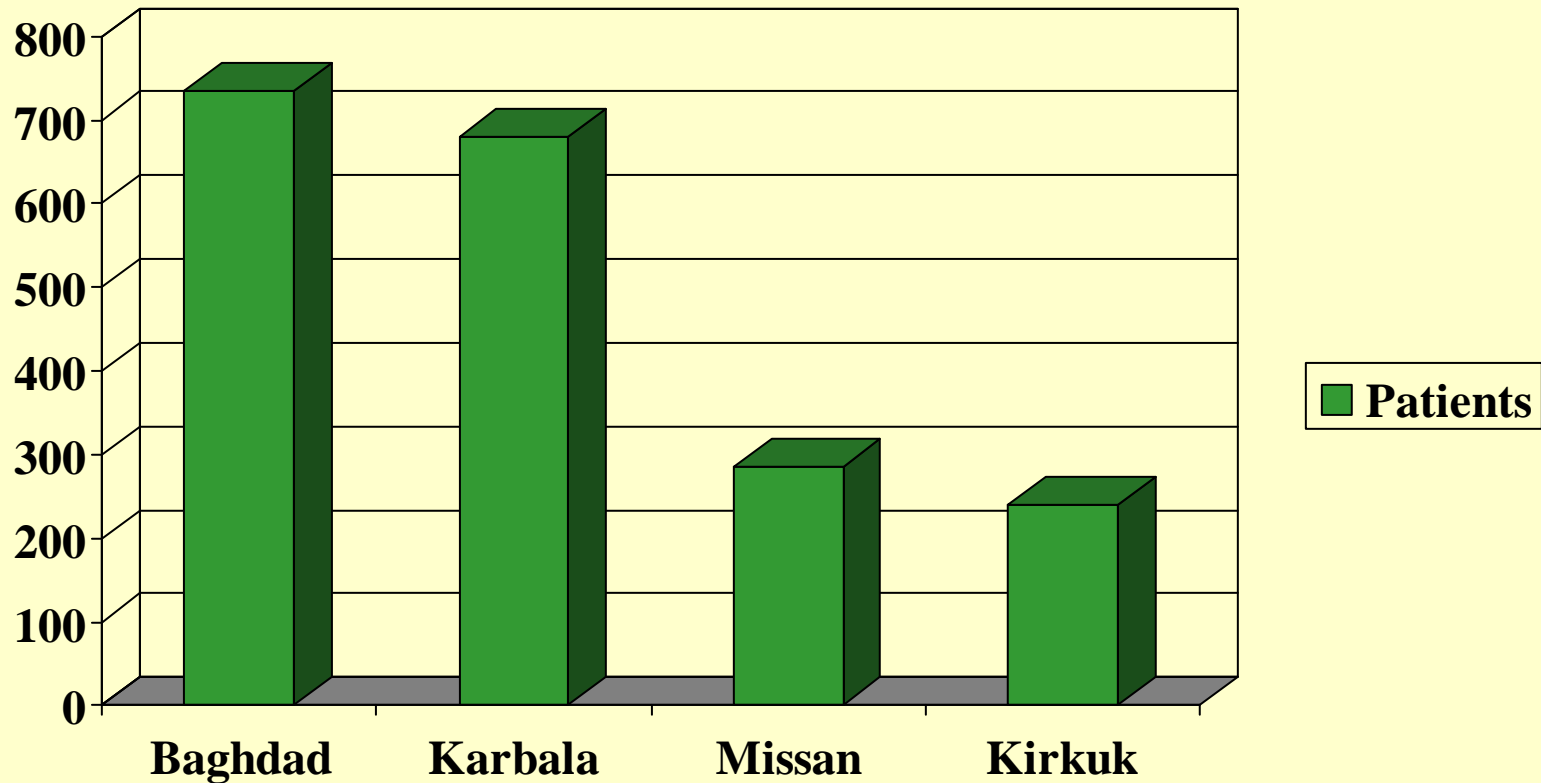
Some assets not to be overlooked

- Support from international community
- Some people with historical memory of high quality medicine
- Sobriety-promoting cultural norms
- No problem convincing people to integrate specialty services into primary care
- Iraqi's resilience and sense of hope

Drug use trends

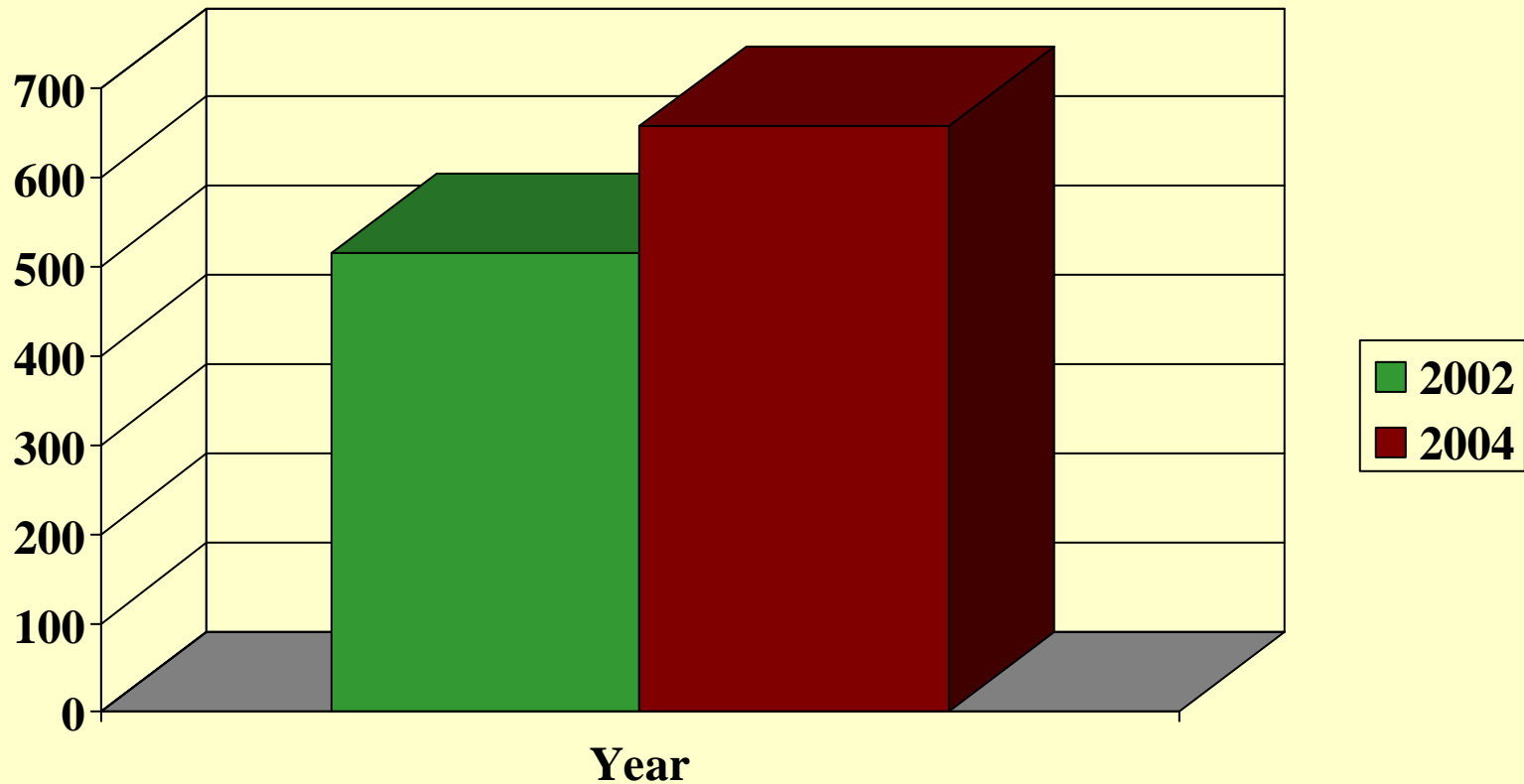
- Increased prevalence evident everywhere
- Medication abuse prevalent, especially benzodiazepines and anti-cholinergics
- Opiates increasing at least in west
- Alcohol abuse less prevalent than drug use
- Cocaine at least in some cities
- Women's use (?) largely a mystery

Substance abuse outpatients, May 2003-August 2004, by province



Source: USA Today

Ibn Rushd substance abuse patients increased 28% from 2002-2004



Source: USA Today

Effort to rebuild mental health and addiction treatment in Iraq

VA MHSP vs. IRAQ MHSP

Component

28-day PTRRP

Status

Available in
18 VISNS

Proposed Action

Allocate 1.3M to expand to 21
VISNs by July, FY2006

VA MHSP vs. IRAQ MHSP

<u>Component</u>	<u>Status</u>	<u>Proposed Action</u>
28-day PTRRP	Available in 18 VISNS	Allocate 1.3M to expand to 21 VISNs by July, FY2006
Regional mental health systems and governance	Don't exist	Establish

VA MHSP vs. IRAQ MHSP

<u>Component</u>	<u>Status</u>	<u>Proposed Action</u>
28-day PTRRP	Available in 18 VISNS	Allocate 1.3M to expand to 21 VISNs by July, FY2006
Regional mental health systems and governance	Don't exist	Establish
Treatment quality standards	Not present	Develop



The general idea

- Organize around primary care
- Create appropriate laws
- Train current and new professionals
- Start information gathering
- Build alliances with NGOs and governments
- Hope for stability and peace



Partners in effort

- Iraqi Ministries of Health and Higher Education
- Iraqi leaders in religion, criminal justice, medicine, human rights
- U.K. West Kent NHS and Social Care Trust
- U.S. Departments of Health and Human Services (SAMHSA, NIMH, OGHA), Defense (civilian-military affairs), State (Health attache)
- Government of Japan
- World Health Organization





Frank Mahoney

athari



For more information on Iraqi drug/mental health treatment agenda

Winnie Mitchell

International Officer

U.S. Substance Abuse and Mental Services Administration

winnie.mitchell@samhsa.hhs.gov