

Substance Abuse and the Doctor

M.P. Deva

Department of Psychological Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur

There are few societies in which substance abuse is unknown. Since ancient times, alcohol extracts of the opium poppy and cannabis have been used and abused along with nicotine and caffeine in many societies. By and large their use has been limited by society in the form of religious and social sanctions and the consumption often limited to certain ages or to the males in a particular community. Cameron (1976) has likened the current epidemic of drug dependence to a communicable disease¹.

Today's drug abuse in epidemic proportions probably started at the turn of the century with trafficking of opium by the colonial powers in the South East Asian and far eastern regions. The trafficking in tons of opium had disastrous consequences to the social, moral and economic lives of millions of opiate abusers from India to China but had remarkably little obvious physical effect on the user except for neglect of his nutrition. Although the epidemic was made quiescent by the Japanese invasion of South East Asia and China and addicts as well as traffickers punished harshly, it returned with vigour during the Vietnam War and proliferation of heroin has continued unabated since.

Alcohol, on the other hand, has an even longer socially and culturally acceptable history. As a disease alcoholism has many physical consequences that doctors may not realise. From accidents, oesophageal varices, gastritis, peripheral neuropathy and cardiomyopathy, alcohol contributes to considerable morbidity. Despite the many efforts made by public and private organisations and harsh penalties in Malaysia to combat drug abuse and dependence in the past two decades there is strong evidence that the number of Malaysians abusing alcohol and dangerous drugs and those dependent on both is continuing to increase. The medical profession has not played a pivotal role in prevention of substance abuse in this country and today the major part of the problem is managed by social agencies and the Ministry of Home Affairs through the Anti Dadah Task Force. Although such areas is beyond the scope of medical doctors, preventive measures and early detection of the consequences of abuse of and addiction to drugs is clearly within our purview.

Numerous alcohol related medical complications are treated as medical or surgical problems and seldom traced to the role that alcohol played in the illness. Even when alcohol is the known source of the illness, treatment of alcoholism is all but non-existent. More clinical research needs to be done to identify the relationship of alcohol to physical illnesses and accidents.

Recent figures for registered drug dependents top 150,000 but do not include thousands of alcohol dependents [National Drug Monitoring System (July 1991)]².

With the rapid rise of the number of HIV positive cases among intravenous drug users (IVDU) the problem of drug addiction has taken a new turn. No longer can the medical profession relegate drug dependence to distant treatment centres or psychiatrists and be free from the scourge of a major health problem in the country. The risk of IVDUs spreading their infection to their partners and others has brought added urgency for doctors to be involved in preventive education of their patients who are abusing drugs and dependent on drugs.

Substance abuse has been an area of darkness to most doctors. The time has come to shed prejudice that has prevented the medical profession in this country from being involved in prevention at primary, secondary and tertiary levels of this important health problem.

References

1. Cameron D. Youth and Drugs - a world view in Drug Addiction in Children and Adolescents. Amnales Nestle 36 Nestle Publications: Switzerland, 1976.
2. National Drug Monitoring System Statistics Anti Dadah Task Force. National Security Council Prime Minister's Department Malaysia, July 1991.