

Scenario of Narcotic Types And Addiction In Iraq

Emad Abdulrazaq Abdulghani¹, Jasim Al-Musawy^{2*}, Osamah Abbas Jabir³

¹*National adviser for mental health, Consultant Psychiatrist, Ministry of health, Baghdad, Iraq*

²*Specialist Psychiatrist, College of Medicine, University of Al-Ameed, Karbala, Iraq*

³*Specialist Psychiatrist Ibn Rushud Hospital, Baghdad, Iraq*

Emad Abdulrazaq : Email: emadakhani@yahoo.com

Jasim Al-Musawy:E-Mail: dr.jasim_a@yahoo.com

Osamah Abbas Jabir: Email: dr_ausama@yahoo.com

**Corresponding author*

Abstract

The abuse of narcotic substances is a global problem with significant implications for the health, economic and social systems of the nations, with nearly 27 million people worldwide suffering from substance abuse disorders, about half of whom 12 million are injecting drugs. One billion people consume tobacco and 4.9% of the world's adult population has alcohol use disorders.

Iraq is one of the countries in western Asia where various types of substance and drug abuse are common, and opioid abuse is frequent in countries on its eastern side, and alcohol abuse in countries bordering the North is also a concern

Introduction

The narcotic drug addiction is a long-lasting (chronic) disease that can cause major health, social, and economic problems. These drugs are acting in the nervous system to produce feelings of pleasure and pain relief. Some of them are legally prescribed by healthcare providers to manage severe and chronic pain. Access to treatment is available for one in six people with substance abuse disorders (UNDOC World Drug Report 2015). According to the study, the global burden of disease attributed to the use of alcohol and illicit drugs is (5.4%) of the total burden of disease (WHO Management 2015A) , and the health consequences include: premature death and death from overdose, chronic diseases such as cirrhosis of the liver and exposure to HIV infection ,the social and economic consequences include: unemployment, loss of livelihood, inability of parents to promote parental care, high levels of

crime, violence, insecurity and traffic accidents (Middle East and North Africa, UNIDCO World drug Report 2015).

Iraq is one of the countries in western Asia where various types of substance and drug abuse are common, and opioid abuse is frequent in countries on its eastern side, and alcohol abuse in countries bordering the North is also a concern (WHO the National Preliminary 2016).

The population of Iraq is around 36 million, with 60% of the population aged 15 years and over, and about 66% of the population living in urban areas. Life expectancy for newborns is 66 years for males and 72 years for females (UNODC World Drug Report 2015), and the probability of dying between (15-60 years) per 1000 population (2.3) for males and (4.1) for females (WHO the National Preliminary 2016). An estimated of 3.3 annual death due to alcohol as reported by (Nazar Mahmood 2018).

Use of narcotic drugs and psychotropic substances in Iraq:

Following is a summary of total self-reported drug use during life and current by sex [7] as given in the following text:

Tobacco

Total self-reported cases of tobacco use during life (i.e. sometime use during life) and current use cases (during the last 12 months) were (29%), and (23.4%), respectively (Epidemiological community working group 2017)].

Alcohol

Alcohol self-reported cases during life and current (during the last 12 months) (6.8%) and (4.3%), respectively, and that alcohol and tobacco use varies significantly across regions, population groups, and races. This means that although Iraq does not have a major alcohol-related problem, the possibility of increased prevalence and future alcohol-related problems cannot be ruled out (Nesif Jasim Al-Hemiary 2014)

Prescription drugs

Prescription drug abuse (non-banned drugs) such as cough syrup, somadril, benzodiazepine, benzhexol, anabolic steroids and other pills during life and current use (5.2%) and (2.1%), respectively. The most commonly prescribed drugs were benzodiazepines (Epidemiological Community Working Group 2019).

Illicit drugs

Illicit drug use that included cannabis, amphetamine-type stimulants, opium, heroin, and inhalers during life and current use reached (0.4%) and (0.2%), respectively (Epidemiological Community Working Group 2019). The psychological problems and disorders resulting from the abuse of narcotic drugs and psychotropic substances are mainly due to the misuse of alcohol and then prescription drugs, and methamphetamine (crystal), which has increased in recent years, especially in the province of Basra. Common misused drugs include:

benzodiazepines, benzhexol, codeine, steroids, tramadol etc. (WHO the National Preliminary 2016).

Reasons for the increasing prevalence of drug abuse in recent years include

- The psychological pressures and severe stress suffered by members of the society due to terrorism (ISIS) and the unstable social and economic conditions facing Iraq at the present time.
- Physical suffering resulting from psychological stress and emotional disorders, especially acute and chronic pain disorders.
- Weak implementation of regulatory guidelines for prescribing drugs with potential abuse by physicians.
- Weak implementation of regulatory guidelines in controlling the sale and dispensing of medicines by pharmacies (Volkow N.D.)

Overall objectives of the study

To build a database and information on the phenomenon of drug abuse in Iraq, which will be one of the sources for decision-makers in the development of policies, strategies and plans to control the spread of drug and psychotropic substances abuse.

Summary of the goal

- 1- Studying the demographic, economic and social variables of abusers and addicts.
- 2 - Identify the types of narcotic substances and methods of abuse and spread.
3. Study the environmental and psychological stimuli of abuse.
- 4 - Study the health complications of abuse.
- 5 - Identify the trends of abusers and addicts in ways to stop drugs abuse.

Study Justifications

- 1 - The existence of indicators at the Ministry of Health on the increase in the abuse of drugs and psychotropic substances in Iraq, especially in the southern governorates.
- 2 - There is a gap between the escalation of the spread of drugs and resources allocated to control the phenomenon in recent years.
- 3 - highlight the triggers that lead to addiction and abuse.

Study Methodology

- A cross-sectional study conducted to measure the determinants of addiction in (7) governorates namely (Kirkuk, Diyala, Baghdad, Babylon, Holy Karbala, Muthanna, Basra). The study was based on drug abusers and addicts in:

1- In the mental health and addiction treatment units in the hospitals of those governorates (auditors and observers). Prisons affiliated to the anti-narcotics departments in the mentioned governorates.

- The participants ranged in age from 15 to 50 years, male and female.
- The sample size of the study was according to the equation to calculate the sample size in the cross sectional study $N = (Z^2.Pq) / d^2$ (Volkow N.D.), which amounted to (600) participants.
- Percentage of participants = 0.5 in order to increase the strength of the study in the absence of previous national studies on abuse and addiction.

The 9-month study period included (3) months for data collection which was from 1 February to 1 May 2019, (2) months for data entry and analysis, (2) months for drafting, and (2) months for writing the report.

- All drug abusers and addicts in those governorates, according to paragraphs (1 and 2) and according to the time period mentioned for data collection, who agreed to participate in the study were informed about the objectives of conducting the study.
- The study did not include drug dealers and promoters.
- Iraq consists of (15) governorates except the Kurdistan region has been selected almost half of the number of governorates (7) to conduct the study. A two provinces in the northern regions (Kirkuk, Diyala) two in the center (Babylon, Karbala) and two in the south (Muthanna and Basra) in addition to Baghdad governorate, which consists of (3) health departments (Karkh, Rusafa, Medicine City) in addition to the possibility of conducting the study in the provinces above. To provide the cadres and resources available for this.
- A pilot study was conducted in Baghdad governorate to measure the respondent's response to the questionnaire and the direct interview. It included 10% of the study participants (60 participants).

- To measure the determinants of abuse was used a special scale which is selected based on the opinion of experts and expertise in the field of mental health, community medicine and public health.
- The questionnaire was conducted by direct interview and the questionnaire took 30 minutes for each participant:
- The main results and the outcome of the study were summarized and presented in the form of tables and charts to include numbers and percentages has been based on (4) variables as follows:
 1. Demographic variables included (age, gender, marital status, educational attainment, occupation, type of housing, family history of abuse, problems associated with abuse, amount spent on abuse).

Table 1. prevalence of drug abuse according to the demographic variables

Variable		No.	%
Age	Less than (19)	18	3%
	More or Equal (19)	582	97%
Gender	Male	547	91%
	Female	53	9%
Social status	Single	238	%40
	Married	303	%50
	Divorced	37	%6
	Separated	18	%3
	Widow	4	%1
He/she has children	No	259	%43
	Yes	341	%57
Number of children	Less than 3	203	%60
	More or Equal 3	138	% 40
Educational level	Illiterate	53	% 9
	Read only	99	% 17
	Primary school	207	% 34
	Middle school	124	% 21
	High- school	63	% 10
	University	51	% 8
	Others	3	% 1
The career	Unemployed	110	% 18
	Daily paid workers	216	%36
	Free job	192	% 32
	Employee	82	%14
Type of household	Live within family house	304	% 51
	Rent	133	% 22
	Owned	83	% 14
	Squatter	66	% 11
	Others	14	% 2
The history of family abuse	Yes	142	% 24
	No	458	% 76
How much money do you spend on abuse monthly basis	More than 100 IQD	396	% 66
	Less than 100 IQD	204	% 34

- Variables about the types and types of substances included (type of drugs, method of use, period of abuse, place of abuse, number of people involved in abuse, who is involved in the abuse, source of access to drugs, preferred times of abuse).

Table 2. prevalence of abuse according to narcotic substances

Types of Drugs	METHAMPHETAMINE	193	% 32
	CANNABIS	10	% 2
	FENETHYLLINE	82	% 14
	OPIUM	6	% 1
	COUGH SYRUP	44	% 7
	HEROIN	7	% 1
	TRAMADOL	16	% 3
	BENZODIAZEPINES / البنزوديازيبام	60	% 10
	TRIHENPHENIDYL (BENZHEXOL)	36	% 6
	ANALGESICS	27	% 4
	OTHERS	11	% 2
	More Than One Type	108	% 18
Routes of use drugs	ORAL	405	% 68
	Inhalation	152	% 25
	Parenteral	19	% 3
	Others	4	% 1
	More than one route	20	% 3
Period of abuse	Less than one year	342	% 57
	1-3 year	140	% 23
	3-5 year	64	%11
	5-10 year	36	%6
	More than 10 years	18	%3
Place of abuse	During work	89	%15
	home	261	%43
	public place	23	%4
	rest place / party place	42	%7
	café	11	%2
	prison	0	%0
	More than one place	174	%29
Do you know persons who are abusers	Yes	392	%65
	No	208	%35
How many they are	More than 5	50	%13
	Less than 5	342	%87
Did you abuse alone?	Yes	354	%59
	No	246	%41
Who are sharing with	Zone's Friend	99	%40

drug abusers?	Cafe's Friend	12	%5
	Your family	42	%17
	Strangers	57	%23
	Schoolmates	12	%5
	More than one person	24	%10
Sources of narcotic drugs	From the pharmacy	72	%12
	Medical worker	16	%3
	Promoter	86	%14
	Black market	70	%12
	Seller	38	%6
	Abusers	92	%15
	Others	16	%3
	More than one place	210	%35
Preferred time of abuse	In work time	66	%11
	When stressed /Under stress	233	%39
	In holidays	15	%3
	In rest time	50	%8
	Fun time	29	%5
	Any time	207	%34

3 - Variables that include stimuli (stimuli of abuse, environmental stimuli, feelings of stimulation to abuse, things suffered with abuse, recurrent thoughts during or after abuse, psychological symptoms when dealing, physical symptoms associated with abuse).

Table 3. prevalence of abuse according to catalysts

What is the motivation of using abuse ?	Abuse tools	53	%9
	Money	25	%4
	Availability of alcohol	230	%38
	Availability of drugs	1	%0
	Media	0	%0
	Social media	36	%6
	Others	245	%41
	More than motive	10	%2
Environmental motivation	The place	137	%24
	The time	106	%18
	The people	128	%21
	Others	15	%2
	More than motive	214	%36
What is the	Fear	40	%7

feeling that motivate the abuse?	Anger	64	%11
	Frustration	137	%23
	Sexual desire	26	%4
	Happiness	38	%6
	Boredom	62	%10
	Fatigue	78	%131
	More than one feeling	155	%26
Clinical presentation	Symptoms (gastric pain,,palpitation)	150	%25
	Recurrent ideas	319	%53
	Complain from different symptoms	131	%22
What are the recurrent ideas that you have during or after abuse?	Suspects from others people	85	%14
	Suicidal thoughts	38	%6
	Difficulties in thinking	206	%35
	Aggressive thoughts toward others	74	%12
	More than idea	197	%33
The psychological symptom while abusing	Indifference	131	%22
	Acute emotion and hyperactivity	80	%13
	Social isolation	80	%13
	Sleep disorder	106	%18
	Impaired memory	71	%12
	More than psychological symptom	132	%22
The physical symptom wile abusing	Headache	139	%23
	Listlessness	66	%11
	Arthralgia	120	%20
	Emaciation	64	%11
	More than Physical symptom	211	%35

4 - Variables about the treatments of abuse and addiction (the number of attempts to abandon the abuse, has been taken for treatment of abuse, place of treatment, and the presence of infections).

Table 4. distribution of ways to stop abusing ,narcotics and psychotropics

Have you ever tried stop abuse ?	Yes	347	%58
	No	253	%42
How many times?	More than 3	80	%23

	Less than 3	267	%77
Have you taken treatment for abuse?	Yes	156	%26
	No	444	%74
Place of treatment	Primary health care	12	%7
	General hospital	51	%33
	Psychiatric hospital	31	%20
	Private clinic	62	%40
Is abusing had caused problems?	Familial	74	%12
	Economical	39	%7
	Legitimacy	75	%13
	Health	41	%7
	Social	21	%3
	More than one problem	350	%58
Is there any infections	Yes	258	%43
	No	342	%57
What are those diseases	Chest infection(Tuberculosis)	1	%0
	Hepatitis	2	%1
	HIV	2	%1
	Others	253	%98

Discussion:

Addiction is a chronic brain disorder molded by strong biosocial factors that has devastating consequences to individual and society (Volkow N.D.). It can be said that the prevalence of drugs abuse in Iraq is a male phenomenon, where the abuse of drugs and psychotropic substances is much higher in male than females correspond to the national data in the community (Epidemiological Community Working Group 2017) and the American study (Greenfield S.F 2005) women are less likely than men to use illicit drugs and to develop drug related problems (Greenfield S.F.2005). This difference between the sexes are differences in opportunity, rather than vulnerability to drugs due to greater male exposure to opportunities to try drugs, rather than to greater chance of progressing from initial opportunity to actual use (Van Etter M. Neumark 1999), also women are more likely to report feeling shame or embarrassment (Thom B. 1987), but definitely, there is a clear and exceptional percentage of non-reporting of females due to cultural pressures and controls that determine female movement within the family based on traditional values of honor. The social status of the sample showing is one of the most important social variables, as the entry of the individual into the social life and associated social events and experiences would affect human behavior, thinking and attitudes in various subjects in daily life, including his opinion on the subject of abuse (Study on the drug). An important determinant and risk factor for abuse is a poor academic achievement (primary school and below) for the abusers with poor daily income, which is either because of unemployment or being a daily wage worker. People who cannot cover their basic needs or, struggle to make ends meet, may be considered to be living in a low-income household or in poverty so they are under the influence of economic and

financial pressures. Years of data shows that addiction rates are twice as high among the unemployed than those who have jobs, Addiction also increases the likelihood that a person will have problems performing at work, and this can lead to job loss and even lower income. Being fired due to job performance can make it more difficult to find new employment (Addiction Centre – Addiction and Law, Income Americans). Having a low income can feel like failure and lead to feelings of guilt, shame, and low self-esteem. According to research, low self-esteem is linked to a higher risk of developing a substance use disorder (Addiction Centre – Addiction and Law, Income Americans). All these stressful economic factors push toward abuse and addiction (Substance Abuse and Material Health). On the contrary, academic achievement and social and physical stability are considered as protection factors against abuse and addiction. A family history of abuse was reported at 24% of the sample, as genetic factors play an important role in addition to the environmental factors of the abuser in the occurrence of substance abuse disorder (UNDOC World Drug Report 2019). The results indicate the main mode of abuse is alone at home if with group will be with the zone friends These correspond to the results of the Iraqi national household survey 2015 (Epidemiological Community Working Group 2019) as follows: those who used alone 76.5%, at home 61.9%, with friends 14.1%, with co-workers 19% and strangers 11.2%. The visual incentive in the availability of alcohol is the main stimuli of abuse which corresponds to the study had considered alcohol and smoking have a role in increasing the cues for eagerness for abuse even if it is in a recovery phase (Conklin C.), while the tools of abuse, money, media and social media have been the weakest incentives. The most motivated feeling for abuse were Feelings of Anger, frustration, fatigue, which correlate with these results pointed to that emotional stress is associated with the loss of control over impulses and inability to inhibit inappropriate behaviors and to delay gratifications (Rajiita Sinha), while sexual desire was a poor motivated feeling. Studies indicated there is a decreased in libido and various sexual dysfunction deterioration with the continued use of methamphetamine (Behrouz 2016), the feeling of happiness were the least motivated. Persons with addiction frequently cannot understand why they continue to take the drug when it no longer seems pleasurable. Many state that they continue to take the drug to escape the distress they feel when they are not intoxicated. Unfortunately, although the short-acting effects of increased dopamine levels triggered by drug administration temporarily relieve this distress, the result of repeated bingeing is to deepen the dysphoria during withdrawal, thus producing a vicious cycle (Nora D.). While recurring thoughts with suspiciousness and aggressive toward others were the most associated with the increased desire and eagerness for abuse They form the basis of the longing for narcotics, as methamphetamine can produce psychosis and the repeated use may induce neurotoxicity associated with prolonged psychiatric symptoms and cognitive symptoms (Cruickshank 2009). But with a limited proportion of existence of suicidal thoughts. On contrary all substance use disorders are associated with an increase in suicide risk, unlikely suicide is difficult to predict as shown in one report suggesting that 83% of deaths by suicide were unexpected or unavoidable, therefore clinical assessment and judgment is the key (Michael Esang 2018). All thoughts are accompanied by psychological symptoms of indifference, apathy and sleep disorder which are mostly had been reported with excitement and isolation consistent with the, withdrawal syndrome consisting (from depressed mood, Anxiety and sleep disturbances) after the cessation of repeated Meth-

amphetamine (Cruikshank 2009). About 43% complain from pain symptoms because many substances alleviate both physical and psychological pain, especially alcohol, benzodiazepines, opiates and marijuana. This respite from pain can lead to substance dependence and associated complications as well as cause somatic symptoms to worsen (The Recovery Village.com). Most of the mentioned psychological symptoms are consistent with the symptoms of addiction to amphetamines (crystal and captagon pills) that appear on the abusers (Iraqi National House), which had been recorded the highest percentage (46%). The increase in the registration of crystal abuse is in line with the decrease in the problem of alcohol addiction in the central and southern Euphrates governorates, compared to a significant increase in the percentage of drug addiction, especially on amphetamines (crystal captagon) in central and southern Iraq specially in Basrha (Epidemiological Community Working Group). Approximately 18% of the sample are abusers of more than one substance due to the habitual abusers of (crystal and captagon) were also reported to abuse additionally (sedatives, opiates and alcohol) in order to obtain a condition resulting from the combination of these substances for the purpose of reducing the negative effects that include anxiety, agitation, and paranoia (UNODC World Drug Report 2019). The period of abuse less than 3 years was reported at about 80% and less than a year at 57% This confirms the previous reports that indicate the increase and prevalence of drug abuse after 2014, which coincided with the occupation (ISIS) of the Iraqi provinces and the deterioration of the security and fighting terrorism with the deterioration of oil prices, which encouraged the trade in smuggling and promotion of drugs from neighboring countries, which led to the large supply of narcotic substances (Epidemiological Community Working Group 2017) and easy access , while 26% of the sample were been treated for abuse or addiction. When compared with the global ratio, which indicates that one in six people with substance abuse received medical treatment (16.7%) (Van Etter 1999), as our percentage is universally accepted.

Psycho-social internal barrier to accessing methamphetamine treatment was the most prevalent

The most commonly endorsed barrier to treatment access is stigma or belief that treatment was unnecessary preferring withdraw alone without assistant and the privacy concern (Cumming C.A.2016) or even the lack of knowledge in the presence of addiction treatment centers. Although substance abuse is a devastating and chronic disorder, it is possible to treat and reintegrate patients into an efficient, health-free situation. Some may recover without treatment or by using non-specialized interventions. This occurs in mild and moderate cases of abuse. Severe cases always need specialized treatment (UNODC World Drug Report 2019). The complications of abuse were family 12%, physical 7%, legal 13%, health 7%, social 3% and more than problem 58%. There were cases of disease in 43% of the sample, chest diseases (tuberculosis) and viral hepatitis and HIV deficiency accounted for about 2% of the disease.

Recommendations:

1. Supporting projects and training courses aimed at developing workers and earning skills through the Department of Labor and Vocational Training in the Ministry of Labor and Social Affairs.

- 2 - The service departments, which have a high percentage of workers and daily action, conduct information campaigns on the harmful effects of drug use and furniture and psychotropic substances such as Baghdad Municipality and municipal councils.
- 3 - The centers and youth forums of the provincial councils in the preparation of social, recreational and sports activities for young people.
- 4 - The Ministry of Higher Education supports scientific research, especially in the field of studying the causes of the high prevalence of drug abuse in recent years.
5. Raising awareness about the health effects of substance abuse and spreading the concepts of applying for therapeutic care from specialized units to treat addiction.
- 6 - Building medical and health capacities in the field of psychotherapy, including psychological counseling and cognitive behavioral therapy.
7. To approach international organizations for the purpose of conducting epidemiological research and surveys on the spread of drugs.
- 8 - Develop plans to combat drugs through access to the smuggling gangs Big Fishes and arrest.
9. Adding a proposal for a financial fund for the treatment of addiction patients through the amendment of the drug and psychotropic substances law in force.
- 10 - Coordination between government institutions and civil society organizations in the prevention, treatment and rehabilitation of patients with addiction.
- 11- Involving the religious and spiritual side in the programs of rehabilitation of addiction patients and preventive programs.
12. Establish self-help groups of former addict patients

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