



Psychiatric comorbidity in injecting drug users in Asia and Africa

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Purpose of review

The prevalence of psychiatric co-morbidity in injecting drug users (IDUs) in the Western countries is high and is associated with lower quality of life and reduces the effectiveness of treatment programs. The aim of this study is to provide a review about psychiatric comorbidity in IDUs in Asia and Africa, where HIV prevalence is high and still increasing.

Recent findings

Studies focusing on psychiatric comorbidity in Asia and Africa are scarce. The prevalence of psychiatric comorbidity is comparable with the prevalence in western countries. Psychiatric disorders can occur before or during drug abuse and are also associated with substance abuse and physical comorbidity and its treatments. Childhood trauma followed by post-traumatic disorders is a significant risk factor for substance abuse. Psychiatric co-occurring disorders influence the adherence to the physical and drug use treatment. Evidence-based treatment for psychiatric comorbidity in IDUs is still limited.

Summary

A better understanding of the prevalence of psychiatric disorders in IDUs and its impact on the overall treatments is growing. However, more studies focusing on the treatment for psychiatric comorbidity in IDUs in Asia and Africa are needed.

Keywords

Africa, Asia, HIV, injecting drug users, psychiatric comorbidity, substance use disorders

INTRODUCTION

Injecting drug users (IDUs) have created major public-health problems. It was estimated that, in 2007, 15.9 million people (range 11.0–21.2 million) were IDUs [1]. The transmission of blood-borne viruses, in particular HIV, contributes substantially to the morbidity and mortality caused by illicit drug use [2]. IDUs also have been associated with some of the most severe HIV epidemics worldwide [3].

The prevalence of HIV in IDUs in many countries is stable or decreasing. However, in most of the low and middle-income countries in Asia and Africa, the prevalence still increases significantly [4]. Among 3.9 million (range 3.5–5.6 million) IDUs living in south, east and south-east Asia, HIV prevalence ranges from 10 to 43% [2]. In Africa, the estimated number of IDUs is still limited (500 000 to 3 million) [5]; however, a large increase is reported and the prevalence of HIV in IDUs is high (33–50%) [4,6].

Injecting drug users with medical, psychiatric, and substance use disorder comorbidities are likely

to engage in high-risk behaviors, and, when untreated, continue to fuel the HIV epidemic [3]. Furthermore, these co-occurring disorders complicate care. Lack of proper HIV diagnosis and treatment influences the effect of the overall treatment. The HIV treatment itself causes serious psychiatric side effects [3,7].

Little is known about psychiatric problems in IDUs in Asia and Africa [2,4,8,9]. Therefore, the focus of this present article involves the prevalence of psychiatric disorders and the occurrence of

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