Chapter II

REVIEW OF RELATED LITERATURE

The researcher scholar has gone through literature available in the library of Lakshmindai National Institute of Physical Education, Gwalior. The relevant study from various sources which the investigator came across is enumerated below:

Sell EH, et.al The physical, mental and social conditions of eight drug and alcohol addicts were examined prior to and after a period of three months with systemic physical training. The condition improved significantly during training. The circulatory reaction to stress remained unchanged before and after training but the resting levels for pulse and blood pressure were lower after training. Prior to training, a significant correlation was observed between the excretion of adrenalin in the urine and the anxiety level and this was not observed after training. The anxiety

1 Sell EH, Christensen NJ., "The effect of physical training on physical, mental and social conditions in drug and/or alcohol addicts" Ugeskrift for Laeger. 1989 Aug 14;151(33):2064-7
level measured by a STAI test decreased during the period of training whereas the excretion of adrenalin in the urine was not altered significantly and remained within the normal range. The patients were followed-up for approximately 18 months after discharge from hospital. During this period, the result of the physical stress and a hiking holiday which was included in the treatment were discussed before discharge. None of the patients continued the physical training after discharge from hospital despite encouragement to do so. The group gradually disintegrated and two years after the conclusion of the training, five patients had resumed the addiction. This investigation suggests that physical training may be of significance in the treatment of addicts but continued contact with the therapist is of decisive significance.

2 Goldberg L, et al Conducted a study to investigate the effect of intervention programme based on sports participation on elicits use of drugs and alcohol. They studied 31 high school football teams that comprised 3207 athletes in 3 successive annual cohorts (1994-1996). The

intervention included interactive classroom and exercise training sessions
given by peer educators and facilitated by coaches and strength trainers.
Program content included discussion of sports nutrition, exercise
alternatives to AS and sport supplements, and the effects of substance
abuse in sports, drug refusal role-playing, and the creation of health
promotion messages. Questionnaires assessing AS, the use of sport
supplements and alcohol and other illicit drugs, and potential risk and
protective factors were administered before and after the intervention
(before and after the football season) and up to 1 year after the program.
At season's end, intentions to use (P<.05) and actual AS use (P<.04) were
significantly lower among students who participated in the study.
Although AS reduction did not achieve significance at 1 year (P<.08),
intentions to use AS remained lower (P = .02). Illicit drug use (marijuana,
amphetamines, and narcotics) was reduced at 1 year, whether alcohol was
included (P = .04) or excluded (P = .02) from the index. Other long-term
effects included fewer students reporting drinking and driving (P = .004),
less sport supplement use (P = .009), and improved nutrition behaviors
(P<.02). Use of alcohol and other illicit drugs and associated harmful
activities can be prevented with a sex-specific, team-centered education.
School athletic teams provide an optimal environment in which to provide drug prevention and health promotion education.

3 Goldberg L, et.al Conducted an experiment to develop and test a school-based intervention to prevent anabolic androgenic steroid use among high-risk adolescent athletes. Nonrandom controlled trial. Two urban high schools. Fifty-six adolescent football players at the experimental school and 24 players at the control school. Eight weekly, 1-hour classroom sessions delivered by the coach and adolescent team leaders, and eight weight-room sessions delivered by research staff. The intervention addressed sports nutrition and strength training as alternatives to steroid use, drug refusal role play, and anti-steroid media campaigns. A pre intervention and post intervention questionnaire that assessed attitudes toward and intent to use steroids and other drugs; knowledge of drug effects; and diet, exercise, and related constructs. Compared with controls, experimental subjects were significantly less interested in trying steroids after the intervention, were less likely to want to use them even if their

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friends used them, were less likely to believe steroid use was a good idea, believed steroids were more dangerous, had better knowledge of alternatives to steroid use, had improved body image, increased their knowledge of diet supplements, and had less belief in these supplements as beneficial. Significant beneficial effects were found despite the sample size, suggesting that the effect of the intervention was large. This outcome trial demonstrates an effective anabolic androgenic steroid prevention program for adolescent athletes, and the potential of team-based interventions to enhance adolescents' health.

Weiss U, et.al Organized a mass campaign to bring to attention new ways for drug prevention in adolescents for health promotion in addicts and for therapy and follow-up of ex-addicts. By this broad base the Swiss Health Authority and the Federal Sports Institute at Magglingen together with partners from Swiss sport and addiction-care organizations tried to contribute to reduction of drug-related problems in Switzerland.

Yan YQ, et al. Investigated the social mental state of drug addicts in a compulsive drug abuse treatment center; evaluate the effectiveness of integrated program for the prevention of abuse relapse and improvement of drug addicts' psychological health. The study subjects were addicts from the Wuhan Compulsive Drug Abuse Treatment Center between October 2003 and June 2004, who satisfied the inclusion criteria. A non-randomized control-intervention study design was adopted. Volunteers willing to take part in intervention were put into the intervention group with their full awareness and willingness to prevent drug abuse relapse. The control group was composed of the addicts who were willing to prevent relapse and to be followed up after their discharge. The effectiveness of the integrated intervention program in promoting addicts' psychological health: before the intervention, the scores of Self-Rating Anxiety Scale (SAS), the positive and negative dimensionalities of Simple Coping Style Questionnaire (SCSQ) and Chinese Perceived Stress Scales (CPSS) had no significant differences between the intervention group and

the control group. After the intervention, except that the SCSQ's positive dimensionality in the intervention group was significantly higher than that in the control group, other indices in the intervention group were lower. Before and after the intervention, the psychological health level in both the groups was lower than that in the normal population; there were significant differences between addicts and normal subjects in regards with all of the indices above. Drug abuse was associated closely with addicts' social mental factors. The integrated intervention program can alleviate anxiety and stress, reduce co-morbid mental disorders and effectively improve their coping style. In conclusion, the program can promote addicts' psychological health significantly.

Eland-Goossensen MA, et.al Conducted a study to describe profiles of heroin addicts in three types of treatment (methadone, detox and therapeutic community) and those not in treatment in the local community. The profiles are based on data at item-level of the revised Addiction Severity Index. In total, 310 heroin addicts were interviewed.

The results show that on the one hand the community group and the methadone group are roughly comparable, and on the other hand the detox and therapeutic community groups have similar characteristics. The latter groups report significantly more psychological and social problems. The community group mentions the fewest problems with drug use and more illegal activities in the past month. The results indicate that large differences exist between the groups in psychosocial problems. Furthermore, they indicate that the methadone group has no specific pattern of problems. Two important groups outside treatment are identified with respect to matching: addicts under 25 years old and addicts with a non-Dutch cultural background.

Goeb JL, et.al experimented a three month counseling and rehabilitation programme emphasizing constant follow-up assessing the effectiveness was one of the main concerns. Data were obtained at the admission with a structured interview about socio-economic and

demographic status, psychiatric disorders (assessed clinically according to DSM III-R and with HAD and MADRS scales), substance use and prior treatment history, environmental data (as well as familial substance use or support lending). Medical and paramedical referents have been interviewed after their first contact with the patient about his expectations and his motivation. Familial attendance at this first contact was noted as well as its implication in the programme. At the end of the study, we noted length of stay, regularity of follow up and clinical changes with a last interview of the staff. Half the time, patients' follow up doesn't last a month, drug abuse doesn't change in 6 out of 10 cases, and we only note 14% of durable abstinence. Poly drug abuse (over 80%) is not linked, here, with pejorative outcomes, in opposition to the usual literature. Heroin is the main substance used by our population (over 80%), other opiates, sedatives and alcohol are associated by more than 30% of these patients; cocaine is associated in a quarter of the cases. More than 10% of the patients are concerned by ecstasy and LSD. Cannabis use is common. Medical complaint (mainly viral diseases) at the beginning of the programme, concerns one of two patients. Only a few are initially known as being HIV positive, suggesting a great lack of information. Over forty
percent of the patients are given a DSM III-R diagnosis at the end of the first medical advice, when a doubt subsists for a third of the other patients. Major depressive disorder for the first axis and borderline personality disorder for the second axis are the main disorders we founded. We also noted a large ratio (n = 13.5%) of schizophrenic disorders. Univariate analysis: length and regularity of the programmes are key factors of their efficacy. A long follow-up is also required to improve patients' socio-economical status. Initial psychiatric disorders are linked, in our study as well as in literature, with longer stays in therapeutic programmes. By revenge, psychiatric disorders at the third month (over 10%) are linked with poorer outcomes. We noted with interest that, in our sample, neither imprisonment in the past (over 40%, but we noted several imprisonments in a case out of two), or intraveinious route at any moment of the patient's life time (40%), or else a programm caused by a court (a quarter of the patients) are of wrong prognosis. Relatives' implication in the programm is linked with favorable outcomes. Multivariate analysis draws 3 independent clusters about the length of stay. One concerns patient's motivation as assessed by medical staff. An other one concerns patient's relatives' implication in the care. A third one
is about the beginning of the treatment: an initial medical prescription and a psychological help are linked with favorable outcomes. About the efficacy, multivariate analysis isolates 4 independent clusters. Prior drug abuse programs (one out of three patients) are associated with poorer outcomes, when, by revenge, familial relationship initially seen by the patient as (very) satisfying, patient's motivation, and, again, an initial medical prescription is linked with better outcomes. The study of those of the patients whose programme lasted more then 3 months but without any appreciable benefit shows that a long follow-up is successful when it is regular, when it provides a socio-economical status improvement and when the patient is given access to insight. For these patients, the (old) age is associated with better outcomes. By revenge, such a 3 months follow-up is not able to reduce drug abuse when a psychiatric disorder exists at the third month. Patients whose treatment was referred by a court don't differ from the others: their length of stay and outcomes are the same. Our study confirms our initial hypothesis according to witch subgroups in our population of drug abusers should be isolated and that some predictors of outcomes should be described. Three points seem important to be discussed. First, a medical prescription appears to be
important to initiate the relationship between the patient and his practitioner.

*Kremer D, et.al Conducted a Survey study from 50 practicing therapeutic recreation specialists which revealed that physical activity programs are an important part of substance abuse treatment. Walking, games, sports, weight training, and aerobics were offered most frequently. Respondents expressed concern about their academic preparation in physical activities and offered suggestions for curricular revision. Recreation or activity therapists responding to this survey indicated that additional coursework would have prepared them more thoroughly to facilitate physical activity programs. Coursework suggested included: physical education, exercise programming, aerobics, aquatics, and physical assessment. Data indicated that over half the respondents received specialized training in physical activities after graduation through continuing education.

Ussh M, Conducted an experiment on abstinent smokers. They experimented to observe how brief bout of anaerobic exercise caused reduction in tobacco withdrawal symptoms and cravings in abstinent smokers. This was with an idea that aerobic exercise is often not practical and it is of interest to examine whether non-aerobic exercise has a significant effect. They investigated whether isometric exercise (involving muscular contractions against resistance without movement, e.g. placing the palms of the hands together and pushing) reduces desire to smoke and tobacco withdrawal symptoms. Following overnight abstinence smokers were randomized to 5-min of: isometric exercises (n = 20), body scanning (focusing attention on sensations in different areas of the body, n = 20, control), or sitting passively (n = 20, control). Desire to smoke and tobacco withdrawal symptoms ('irritable', 'depressed', 'stressed', 'tense', 'restless' and 'poor concentration') were rated at baseline, immediately post-intervention, and 5-, 10-, 15- and 20-min post-intervention. Isometric exercise produced a significantly greater reduction in desire to smoke.

versus passive control at immediate post-intervention and 5-min post-intervention, relative to baseline (p < 0.05). Most withdrawal symptoms were significantly moderated by exercise versus controls at some point between 5- to 20-min post-intervention, relative to baseline (p < 0.05). Brief isometric exercise has potential for offering immediate relief from a desire to smoke.

10Daniel J, et.al Conducted a study to experiment to find the effect of two level intensity exercise on cigarette withdrawal symptoms and desire to smoke in sedentary smokers. This study examined the effect of 5 min of moderate intensity exercise and 5 min of light intensity exercise on tobacco withdrawal symptoms amongst sedentary smokers. Eighty-four smokers attended a laboratory session having abstained from smoking for between 11 and 14 h. Participants were randomly allocated to one of three conditions: (i) light intensity exercise [ n=28; 10-20% of heart rate reserve (HRR)]; (ii) moderate intensity exercise ( n=28; 40-60% HRR), (iii) a

passive control condition (n=28). Both exercise conditions involved 5 min of stationary cycling and participants rated tobacco withdrawal symptoms and cravings immediately before exercise (baseline), during exercise at 2.5 min, immediately following exercise, then after 5 and 10 min of rest. Control participants made the same ratings across an equivalent time period. For moderate intensity exercise compared to light intensity exercise and control there was a significant reduction in strength of desire to smoke, relative to baseline, both during exercise and up to 5 min post-exercise. Relative to baseline, there were also significant reductions in restlessness, stress, tension and poor concentration at 5 and 10 min post-exercise, for moderate intensity exercise compared to light intensity exercise and control. Five minutes of moderate intensity exercise is associated with a short-term reduction in desire to smoke and tobacco withdrawal symptoms. Very brief bouts of exercise may therefore be useful as an aid to smoking cessation.
11 Cartwright WS. Experimented an efficacy of medical treatment programme for drug addicts from different perspective. How valuable is public investment in treatment for drug abuse and dependency in the real world of everyday practice? Does drug abuse treatment provide benefits and how are they valued? What are the costs of obtaining outcomes and benefits? Cost-benefit analysis attempts to answer these questions in a standard analytic framework. This paper reviews cost-benefit analyses with scientific merit so that analysts will have a current picture of the state of the research. It will also give public decision-makers information with regards to the available evidence for policy purposes. Bibliographic searches were performed. Studies were obtained through the assistance of the Parklawn Health Library system, a component of the US Public Health Service. Selected studies were from the scientific literature with the exception of eight studies published as governmental reports. Cost-benefit studies have fallen into the following categories: (i) planning models for delivery systems in states and cities; (ii) short-term follow-up

studies of individuals, (iii) single individual programs and (iv) State system's monitoring of outcomes. In 18 cost-benefit studies, a persistent finding is that benefits exceed costs, even when not all benefits are accounted for in the analysis. Much variation is found in the implementation of cost-benefit methods, and this is detailed across discussions of effectiveness, benefits and costs. Studies have emphasized the cost savings to society from the reduction in external costs created by the behavioral consequences of addiction and drug use. Economic analysis of drug treatment requires sophisticated conceptualization and measurement. Cost-benefit analysis of drug treatment has been a significant analytical exercise since the early 1970s when the public drug treatment system was founded in the United States. Drug abuse treatment services may be considered as contributing positive economic returns to society. However, considerable work needs to be done to standardize methods used in the studies. A striking area of omission is the absence of studies for adolescents and only one for women in treatment. Finding a positive net social benefit should assist policy-makers with decisions related to drug abuse treatment expenditures. Additional work on allocation of budget dollars across various drug treatment services will be
needed. Government agencies and other stakeholders in national health care systems must realize that cost-benefit studies are an important tool for decision-making. Rational strategies can only be addressed by examining alternatives for the efficient allocation and equitable distribution of scarce resources. Future research should focus on standardizing the methods used in the cost-benefit analysis. Extensions should examine methods related to the willingness-to-pay approach. Studies are needed for drug abuse treatment targeted to adolescents and women.

12 Holder HD, Evaluated benefits of treatment of substance abuse programme in terms of cost. Cost of treatment and its benefit or economic value is an important policy issue. Reduction in health care cost is one alternative way to measure benefits. This paper reviews a series of studies (all from the US) which address the cost-benefit question. Most studies have compared the monthly costs prior to initiation of substance abuse treatment with the costs following initiation. Many studies have found that, over the time prior to alcoholism treatment initiation, total monthly

health care costs increased and costs substantially increased during the 6-12 months prior to treatment. Following treatment initiation, monthly total medical care costs declined and the overall trend was downward, i.e., the slope was negative. In contrast to the use of general health care where women typically utilize more medical care than men, overall medical care costs were found to be similar. Alcoholics of different ages, however, showed distinct medical care costs, i.e., younger patients experienced greater declines in medical care costs following alcoholism treatment initiation. Inpatient treatment is most affected by alcoholism treatment. In some cases, outpatient treatment is actually increased in response to aftercare health care utilization, but at a substantially lower cost than inpatient treatment. If the alcoholism condition can be treated on an outpatient basis, then the total cost of such treatment is obviously lower and the potential for a cost-offset net effect is substantially increased. Here have been few drug abuse treatment cost-benefit research studies. Early studies found that there was a decline in sickness and medical care utilization associated with initiation of treatment. A recent study found a substantial reduction in total health care costs following initiation of drug abuse treatment. Utilization of inpatient care and its associated costs are
most affected by the absence and/or presence of treatment. This review describes the research findings from a number of cost-offset or cost-benefit studies of alcoholism and drug abuse treatment. In broad terms the findings of this research can be summarized as follows. (i) Untreated alcoholics or drug dependent persons use health care and incur costs at a rate about twice that of their age and gender cohorts. (ii) Once treatment begins, total health care utilization and costs begin to drop, reaching a level that is lower than pre-treatment initiation costs after a two- to four-year period. The conclusion is based on similar findings across different patient populations using a variety of research designs. (iii) There are no apparent gender differences in the utilization and associated costs before and after treatment initiation. (iv) There are age differences that support the value of early intervention. Younger treated substance abuse patients have pre-treatment total cost levels that are lower than pre-treatment levels for older patients. The results of research provide consistent support for the cost benefits of substance abuse treatment. From a health policy perspective, such results are promising if the objective is to demonstrate that treatment investment can pay for all or part of its associated costs through reductions in other health care costs. One can hold a contrary
position, i.e., lower future medical care costs for substance abusers could reflect denial of essential care.

13 Eliason MJ, et al. Conducted an evaluation of interactive educational counseling programme for drug and alcohol users. Pretest and posttest information was gathered from 26 older women attending educational programs related to alcohol and drug use. The goals of the study were to determine current knowledge about alcohol and drugs among older women and to gather some initial information about the potential for alcohol and drug interactions and misuse. The intervention included a 60-minute presentation on the metabolism of alcohol and drugs in the aging body, the potential for alcohol-drug interactions, and a discussion of healthy lifestyles (e.g., diet, exercise). Older women, especially those who were moderate to heavy drinkers, were found to have many misconceptions about alcohol and drug use, but their

knowledge improved dramatically after the brief educational intervention. This finding may suggest that most of the women had knowledge deficits rather than deeply entrenched attitudes about alcohol and drug use or alcohol dependence. Therefore, simple educational interventions may be very effective with this subset of women.

14 Collingwood TR, et.al Experimented a physical fitness and educational Program on drug prevention programme. A train-the-trainer methodology was applied to install the program in twenty-two settings within the state of Illinois. The physical training program consisted of exercise and educational modules delivered over a twelve-week time period that focused on learning values and life skills through exercise. Complete pre-post data were obtained on 329 participating youth at six school and community based sites. Significant increases were demonstrated in physical activity and physical fitness (cardiovascular endurance, strength, and flexibility). Youth self-report data indicated significant decreases in risk factors such as low self-concept, poor school

attendance, anxiety, depression, and number of friends who use alcohol and drugs. There were significant reductions in the percentage of youth who used cigarettes, smokeless tobacco, and alcohol. It was concluded that a strong relationship was demonstrated for increased fitness leading to lowered risk factors and usage patterns. Likewise, the train-the-trainer model was shown to be an effective installation approach to expand fitness programming within prevention settings.

Griffin KW, et.al Conducted a study on a mass school-based prevention programs for alcohol, tobacco, and other drug use are typically designed for all students within a particular school setting. However, it is unclear whether such broad-based programs are effective for youth at high risk for substance use initiation. The effectiveness of a universal drug abuse preventive intervention was examined among youth from 29 inner-city middle schools participating in a randomized, controlled prevention trial. A subsample of youth (21% of full sample) was identified as being at high risk for substance use initiation based on exposure to substance-

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using peers and poor academic performance in school. The prevention program taught drug refusal skills, antidrug norms, personal self-management skills, and general social skills. Findings indicated that youth at high risk who received the program (n = 426) reported less smoking, drinking, inhalant use, and polydrug use at the one-year follow-up assessment compared to youth at high risk in the control condition that did not receive the intervention (n = 332). Results indicate that a universal drug abuse prevention program is effective for minority, economically disadvantaged, inner-city youth who are at higher than average risk for substance use initiation. Findings suggest that universal prevention programs can be effective for a range of youth along a continuum of risk.

16Powers JM, et.al Studied the role of exercise and sport in the lives of intravenous drug users (n = 45) using an interviewer-administered open-ended questionnaire. Results demonstrated a high level of exercise and sport interest in this population (64%). Being a sports fan was also found in most of the responses (72%). This study on the role of exercise

and sport in an intravenous drug-using population could be considered when developing rehabilitation measures or as an addition to present therapeutic interventions.

17Lowenstein W, et.al Early February 1999, the French Ministère de la Jeunesse et des Sports (Youth and Sports Ministry) sponsored three different studies, aiming to prevent harmful behavior in the area of sport practices among youth. Two years earlier, our health care team working with drug users published reports on the meaningfulness of intensive sports activities in the history of our patients. The present work was performed to highlight the midterm results of one of these studies, to better understand and quantify the importance of physical training in the history of a group of outpatients seen for addictive disorders and comorbid pathologies. For 20 consecutive weeks, 3,040 self-administered questionnaires were available for persons consulting 20 health centers, 2 self-help groups and a general practitioner network working in the field of alcohol or heroine abuse. One thousand one hundred and eleven

questionnaires were filled out (36.1%) and returned by mail for complete analysis: 86% of the answering persons had practiced at least one sports activity or participated in physical training, 10.5% had participated in a national or international level competition, and 10.6% reported stress fractures. In the intensive sports group, 36% had used illicit drugs intravenously and 16.4% said they had already used doping substances. Only 28.4% said they experienced dependence during their period of intensive sports activities compared with 15.2% before this time, and a majority (56.4%) thereafter. Intensive sports or physical training should not be seen as a protective factor nor as a way of improving addictive behaviors. More studies are needed to evaluate individual vulnerability factors and specific harm of overtraining and to determine the exact periods when men and women participating in sports activities are likely to abuse drugs, especially at the end of their career.

18Moore MJ, et.al Conducted a study to examine the association between participation in specific school-sponsored sports and out-of-

school sports/physical activities and substance use. Subjects consisted of 891 8th grade youth from three schools. Baseline data were collected using the Youth Alcohol & Drug Survey (2000) and following standardized protocols. Logistic regressions were conducted to identify associations between the independent variables of school-sponsored sports, and out-of-school sports/physical activities, and each of the four substance use dependent variables, while controlling for race. Additionally, logistic regressions were run separately for males and females to examine gender differences. Participation in any one of seven specific sports/physical activities was associated with increased substance use for one or both genders, whereas participation in any one of four other specific sports/physical activities was associated with decreased use for one or both genders. Those sports associated with increased use differed for males and females, as did those associated with decreased use.

Females in school-sponsored dance/cheerleading/gymnastics were at decreased risk of alcohol use, whereas those in out-of-school dance/cheerleading/gymnastics, skateboarding or surfing were at increased risk for using at least one substance. Males in out-of-school swimming were at decreased risk of heavy alcohol use, whereas those in
school-sponsored football, swimming, wrestling or out-of-school tennis were at increased risk for using at least one substance. Educators cannot assume all sports/physical activities have a positive relationship with youth substance use. School-sponsored, male-dominated sports appeared to be associated with an increased substance use risk for males, whereas out-of-school, mixed-gender sports appeared to be for females.

G. Alan Marlatt, Conducted experimental study to find out the effect of Vipassana meditation as a correctional intervention (a) to reduce alcohol and other drug use, and its concomitant problems, (b) to reduce recidivism, and (c) to enhance the opportunity for a more balanced lifestyle, including increased self-awareness, self-efficacy, and hopefulness. Vipassana means "to see clearly" and is a non-sectarian practice. Vipassana is described as ordinary experience plus mindfulness plus equanimity yielding insight and purification and is initiated within a highly structured ten-day course. In non-inmate populations, the practice

of Vipassana has been shown to be effective in reducing impulsiveness and increasing tolerance of common stressors. Preliminary results with inmate populations also show promise for its effectiveness in reducing alcohol and substance abuse, reducing recidivism, reducing psychopathological symptoms, and increasing more positive behaviors such as cooperation with prison authorities. To date, studies of Vipassana as an intervention in correctional facilities have been conducted primarily in India. Vipassana meditation, in particular, is being evaluated as an intervention technique with this King County Jail inmate population because the ten-day course is an ongoing program at the facility.

Joseph M. Powers, et.al investigated the role of exercise and sport in the lives of intravenous drug users n = 45 was assessed, using an interviewer administered open ended questionnaire. Results demonstrated a high level of exercise and sport interest in this population 64. Being a sports fan was also found in most of the responses 72. This study on the role of exercise and sport in an intravenous drug using population could

20 Joseph M. Powers; George E. Woody; Michael L. Sachs, "Perceived Effects of Exercise and Sport in a Population Defined by Their Injection Drug Use". American Journal on Addictions, Volume 8, Issue I winter 1999, pages 72 - 76
be considered when developing rehabilitation measures or as an addition to present therapeutic interventions.

21 Laffont from 1974 to 1979, the rehabilitation centers of the association “Le Patriarche” located in the country side of southern France, have received 446 chronic poly drugs users who has consumed at one time or another cannabis (marihuana, hashish) (87 p. cent), LSD (66 p. cent) and other hallucinogens (35 p. cent), psychodepressants (55 p. cent), psychostimulants (amphetamines, 85 p. cent; cocaine, 50 p. cent) and opium and its derivatives (brown sugar, 47 p. cent; opiates, 67 p. cent; heroin, 50 p. cent). The dominant addictive drug was heroin and opiates, 67 p. cents; heroin, 50 p. cent). The dominant addictive drug was heroin and opiates, 52 p. cent, psychodepressants (barbitutiques and benzodiazepines, 33 p. cent, psychostimulants, 15 p. cent). Males were twice as numerous as female. Average age was 21 (range 14-38). Mean duration of drug abuse was 7 years. All these drug abusers display at entrance withdrawal symptoms. These were treated successfully by a drug free, psycho-physiological regimen comprising: 1. An elimination of all

psychoactive drugs, including coffee, and alcohol. Tobacco was permitted. 2. Physical therapy (bath, exercise, massage) and forced fluid diuresis. 3. A supportive psychotherapy dispensed by rehabilitated addicts who had undergone successfully a similar regimen. This non-pharmacological method of treating withdrawal symptoms associated with opium, barbiturate and amphetamine addiction was successful, and was not associated with any major clinical symptoms threatening the vital signs. Mean duration of detoxification was 5 days for opiates, 6 days for amphetamines and 10 days for barbiturates. 78 p. cent of these subjects remained in the centers from 3 months to 2 years, partaking in physical occupational and physiological rehabilitation programs which allowed then to adopt a drug free life style and prepared them for social reinsertion.

22Keen J, Oliver P. Studied the residential rehabilitation based on ‘therapeutic community’ treatment for drug users is a treatment option which is attractive to GPs and others referring drug users for treatment. Whilst there is evidence that maintenance-based programmes for drug

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22 Keen J. Oliver P, “Residential Rehabilitation For Drug Users: A Review Of 13 Months’ Intake To A Therapeutic Community,” Fam Pract. Vol.18, No. 5 (2001); 545-548
users are effective, there have been fewer attempts to evaluate the effectiveness of abstinence-based programmes which are relatively more intensive and expensive interventions. This paper reports and evaluates the outcomes for 13 months’ intake of 138 drug users to a residential community. We carried out a retrospective cohort study using existing clinical and residential record data. The setting is a residential rehabilitation centre run by the charity Phoenix House in Sheffield, UK, offering a 1-year programme for heroin addicts including community detoxification overseen by primary care specialist doctors and residential rehabilitation. Participants were all patients who entered treatment between 1 February 1998 and 28 February 1999 inclusive. An analysis was carried out of clinical records and other records kept by clinicians and staff at the centre. Outcome measures were numbers of days of retention in treatment and reasons for departure, categorized as completed treatment, planned or unplanned departure and expulsion from the programme. For patients who underwent in-house detoxification, a further outcome measure was whether or not detoxification was complete at discharge. Heroin was the main drug of abuse in 85% of admissions. Mean length of time for which individuals had been drug dependent was 8
years (range 1.3-20.1 years). The mean length of stay was 80.2 days (range 1-394, 95% confidence interval 61.8-98.6). Thirty-four individuals (25%) completed 90 days or more. No association was found between, length of stay and age, sex, route of administration, poly drug use, length of time addicted or age of first addiction. Sixty-five per cent of those who receive in-house detoxification completed the detoxification period. When patients were classified as ‘successes’ or ‘failures’ by reason for departure from the programme, 94 (68.1%) were classified as failures and 18 (13.0%) as successes. Data were unavailable for 26 patients. Success was not associated with any characteristic at entry apart from being drug free as opposed to requiring detoxification ($P = 0.048$, chi-square = 6.06, df = 2). This study shows overall low levels of programme completion and high levels of unplanned departure and eviction from the programme amongst these long term drug users. On the other hand, the importance of abstinence for those who achieve it in residential rehabilitation should not be underestimated, nor should the possibility that long-term outcomes are influenced by the learning process involved in the intervention. It may be possible to operate better selection procedures in order to optimize outcome.
Suwanwela C, Poshyachinda V. The article focuses on countries and areas of South-East Asia, which are seriously affected by drug abuse and the problems associated with it. Opium has traditionally been used for treating illnesses and alleviating physical and mental stress, as well as for recreational and social purposes. The prohibition of the sale and use of opium in Burma, Hong Kong, Malaysia, Singapore and Thailand forced many habitual opium users to switch to heroin. Over the past two decades there has been an increasing trend towards drug use, often involving experimentation with more than one substance, among youth in and out of school. For example, a survey of students at teachers’ colleges in northern Thailand showed that at some time in their lives 30-40 percent of the male respondents and 3-6 percent of the female respondents had used cannabis, and that 18-20 percent of the males and 12-27 percent of the females had sniffed volatile solvents. The same survey showed that 5-10 percent of both the males and females had used stimulants and nearly 2 percent had used heroin. During the 1970s the abuse of heroin and other opiates emerged as a serious problem of epidemic nature, predominantly affecting

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young people in many countries of South-East Asia. While opiates, including heroin, have been abused by inhaling and by smoking, there has recently been an increasing trend towards injecting heroin of high purity (80-90) percent pure heroin). Heroin addiction spread first to the populations of capital cities and then to other cities and towns and even to the hill tribes, as studies in Thailand have revealed. Most recent studies have shown that heroin abuse has spread further in Asia, both socially and geographically, involving such countries as India and Sri Lanka, which had no previous experience with the problem. Studies have also shown that the abuse of manufactured psychotropic substances has been increasing and that heroin addicts resort to these substances when heroin is difficult to find. The article also briefly reviews the history of opium use in China and the history of drug abuse in Japan, particularly with regard to the problem of methamphetamine abuse, which has appeared in two epidemic-like waves. The first followed the end of the Second World War and disappeared at the end of the 1950s; the second reappeared in 1975 and since then has gradually been increasing in size.
Dias CA, Polvora FF. Of the 5,419 drug abusers who came to the attention of three regional centres in Portugal during the period 1978 to 1981, the great majority were young people. Of these, 65 percent were in the 15-21 age group or younger; 57 percent were male and 43 percent were female. Among 4,338 drug abusers classified by the type of drug used, cannabis was most frequently abused (33 percent), followed by opiates (24 percent), barbiturate type (13 percent), amphetamine type (11 percent), hallucinogens (7 percent), alcohol (5 percent), cocaine (4 percent) and others (3 percent). Depression and narcissistic regression were often observed among young addicts, particularly those abusing opiates. Emphasis is placed on primary prevention and in this regard particular importance is attached to the strengthening of the identity of young drug abusers.

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