Pompidou Group
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الأمانة العامة للصحة النفسية

COUNCIL OF EUROPE CONSEIL DE L'EUROPE

Filling the GAP

2010 - 2012

Meeting the Needs for Treatment And Treatment Centers in Egypt

List of content

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Introduction

In the strive to build a national awareness about addiction as a disease and the principles of drug addiction treatment, the General Secretariat of Mental Health in Egypt along with the Pompidou Group, Council of Europe, and Med Net Group, have developed together a common research project *"Filling the Gap "Meeting the Needs for Treatment and Treatment Centers in Egypt""* that aimed at:

- Identifying the needs for treatment, identifying the available treatment services as well as the gaps in provided treatment services
- Highlighting the need for networking in the field of addiction treatment in an effort to lobby for a co-operational system between all treatment facilities in Egypt
- Development of proposal for amendments of article 122 of 1989 Law about offenders who their crimes are related to addiction and drug use.

The main domains of this project included situational study, assessment of needs and lobbying targeting both professionals include all disciplines working in the field of addiction, NGOs and victims of drug abuse' families. The project activities planned to include two study tours for multidisciplinary delegations one to the United Kingdom and one to Italy to visit the addiction management facilities,

expose to the referral system of addicts from the legal system into treatment facilities and to visit the European National Observatory.

These Initiatives will contribute to the reform of addiction service in Egypt by getting professionals and others who are working in this field together, proposing amendment of the current laws that control the treatment of addicts, promoting awareness and prevention activities, supporting public and private institutions as well as clinical experts in designing tools to produce a larger picture of the current problem and to target both prevention and management more efficiently.

These initiatives at large would provide a platform to protect the rights of the victims of substances abuse and targeting the elevation of the stigma among the community.

The Role of Mental Health Secretariat

The General Secretariat of Mental Health has been supervising addiction treatment units technically and executively over the past several years. These units receive their funding, and logistic support from the GSMH. Also the GSMH is considered the coordinating party between different organizations in the Ministry of Health MOH, other governmental & private stakeholders in addiction services such as this project. “Filling the gap: Meeting the Needs for Treatment & Treatment Centers” is a clear example of GSMH coordinating role.

GSMH is the official governmental body responsible for health epidemiological studies about mental disorder encompassing addiction. The national addiction survey is an example these studies; it has been taken place since 1996 until now.

In addition, GSMH works as the main educational body in the area of mental health and addiction. It doesn't only provide training to its own employees but it extends to all other providers and facilitates the invitation of national and international experts in the field. For example, Heliopolis hospital usually hosts multiple international and accredited modules specific in addiction treatment.

The General Secretariat of Mental Health detailed service data

Total admission in 2010 was 3216 patients, while the admission in 2011 was 3126 (3081 males & 45 females)

- Bed capacity: a total of 445 addiction treatment beds are available in 11 hospitals & centers
- Distributed into 433 beds for male & 12 beds for female
- 9 hospitals have a special ward for addiction services while the rest of the hospital is dedicated for other mental disorders
- One hospital (Heliopolis) & one center are totally dedicated for addiction treatment services.
- There are no special services for women who are victims of drug abuse.

Outpatient's services: during 2011

- Total of 27606 patients 1177 females (4.3%) and 26429 males (95.7%)
- New patients 7303 (26% of total patients)

The general human resources of all hospitals:

- 332 psychiatrists, 358 physicians (other specialties) 1860 nurses and 356 psychologists & social workers
- According to the size of the addiction services (beds & outpatient clinic) each hospital dedicates adequate human resources.

Training:

20 training sessions were conducted in 2011 targeting 70 psychiatrist, 120 nurses and 90 psychologists & social workers from different hospitals of GSMH

10 training session were conducted in 2011 targeting 200 general practitioners and family doctor from the primary health care centers where addiction was part of the taught module.

Situational study and Assessment of Needs

Methodology

A descriptive research study for assessment of needs was conducted in Egypt in 2011 where data were collected through different data collection techniques. This included questionnaires, face to face discussion, and extracting policy makers' views from publications and local documents within disciplines working in the fields of addiction.

The Questionnaire tool design was adapted from the Global Assessment Programme (GAP) of Drug Abuse Toolkit by the United Nations (UNODC, 2003). The Questionnaire, the way of extracting information from local bodies/ institutions, and direct discussion included items to cover 1) Treatment centers profile, 2) Demographic characteristics of the users, 3) information on the substance/s used, 4) users perception of the service, 5) professional perception of the service, 6) perception of law-related issues, recommendation for improvement. This was applied to all MH hospitals under the MHS that deals with substance abuse 9 Hospitals, 5 Private Hospitals, 3 NGOs, 50 Professionals within the legal systems, 20 x-addicts, and 25 families. The MH hospitals both under MHS and private sector, together with professionals within the legal systems were given priory in this study. The reason for that was related to the difficulty our research team was facing in communication and reaching out people to collect data due to the political situation since the beginning of the research phase of the project that timed with the Egyptian Revolution Jan 2011.

The research team made the effort to ensure the validity of the questionnaire, and to shape questions to target qualitative data. All questions were in Arabic. Questionnaires were conducted by the field workers (Psychologist) who were trained by the research advisor.

The designed tool was approved by the MHS Ethical Committee, permission to access information was obtained when necessary and informed consent and confidentiality were preserved as appropriate. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) software as required, other data were organized according to the topics, merged and summarized

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Addiction in the region and Egypt

Addiction status in the East Mediterranean region :

According to WHO EMRO technical paper on the addiction and substance use, a survey including 19 countries in the region, the analysis showed that the substance use among youth (15 – 24 years) is increasing in 13 countries. The average age of those who use addictive substances range from 33 & 44 years.[1]

The UNDOC regional office reported that the East Mediterranean region became an active market for drug dealing with new countries starting cultivation of addictive plants.

The reasons behind the increase of prevalence of addiction and substance use in the region are:

- The geographic location & openness of the region to 3 continuum
- The presence of many sea ports permitting the drug dealing
- Decrease in the age of beginning of substance use from 14 – 18 to 11 years
- Socio economic factors: one group affords buying illicit drugs, while the other poor and unemployed group is encouraged to substance use.[2]

A situational analysis for the current addiction and addiction services situation in the region was presented in May 2011 showed the following:

- 79% countries have substance abuse drug policy or law
- Coverage services for alcohol use disorders: inpatient detoxification <10%, outpatient detoxification, 10-50% residential rehabilitation present in only 2 countries.
- Coverage for substance use disorders: Inpatient detoxification, 50% of the population, outpatient detoxification <10% outpatient abstinence oriented treatment <10%
- Egypt was identified as having no program for needle exchange.

This analysis summarized the challenges for better services in the problems of stigma and discrimination against addict, low public health profile, under resourcing and inefficient allocation of resources & the weak implementation of mental health plans and legalizations.

Addiction in Egypt:

Egypt total population is 81.7 million but there is no official governmental statistics on the prevalence of addiction & substance uses in Egypt. There are multiple sites such as universities, the national center for social & criminology research NCSCR performing many epidemiological studies tracing addiction in Egypt. One the most important epidemiological studies tracing the addiction prevalence , nature and the socio demographic associations is the National Addiction Survey which the General Secretariat of Mental Health performs since 1996. [3]

The fund for drug control & treatment was formed, together with NCSCR, universities, the high council for addiction & GSMH planned the national strategies for combating and treatment of addiction.[3]

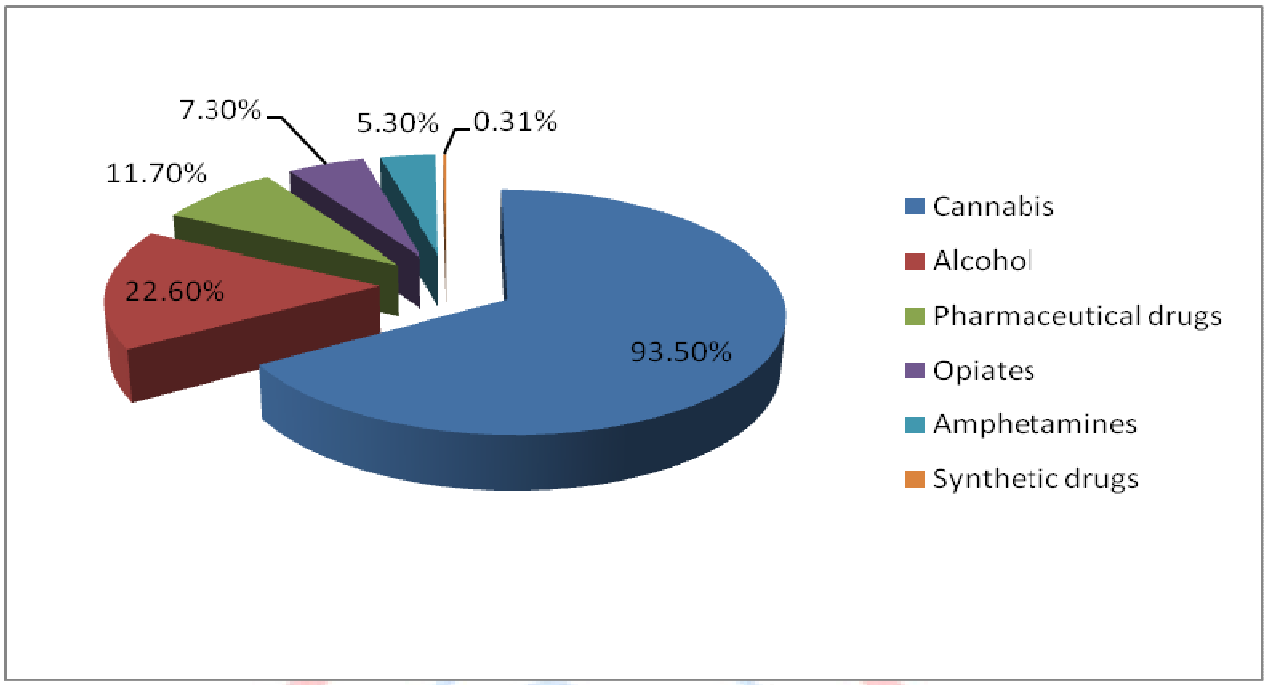
Studies showed decreases in the mean age of onset of drug use; that addiction is more common in males than females. In addition, the alcohol addiction showed gradual increase in the past few years. [4]

Among the age group below 20, one every 36 persons had tried addictive substance at least once, 16 of those who tried illicit drugs will turn into regular use, 4 of regular user will fall into addiction. [5&6]

The National Addiction Survey 3rd phase in the years 2005 – 2007 covered 8 governorates, representing 0.25% of the target population. The study showed those who use at least once were 9.8% of total, experimental use 3.1%, regular use 4.8% & dependence 1.6%.

The most common substances were cannabis & its derivatives 93.5%, alcohol & its derivatives 22.6%, pharmaceutical drugs 11.7%, opiates & its derivatives 7.3%, amphetamines 5.3% & synthetic drugs 0.31%.(fig 1) [7]

Figure 1: the distribution of addictive substance in Egypt



Recently the National Addiction Survey 4th phase was performed at one governorate (Cairo the capital) & was completed & published locally. The Survey mainly targeted the rural & lower socioeconomic class in Cairo, the survey found up to 7% of the population for those who are 15 years & more were addicts. Regarding the one time use of addictive substance, the ratio between male to female is greater in Cairo 2:1 than other governorates where it reaches 13: 1 indicating that there is growing addiction problem among females in Cairo.

According to the national addiction survey, there is at least half a million addict in Cairo only who needs treatment services. [3]

The survey also studied diverse socio demographic factors associated with addiction. For example, the study showed that the influence of religion only appears in alcohol use (Christians more than Muslims) and that alcohol & substance use is the highest among the age 20 – 45 than other age

groups. Regarding the education, it was found that there is an inverse relationship between the level of education & the use and dependence on substance. In addition the addiction was found more among those who are manual workers. There was no relation between the marital status and the addiction.

The knowledge about alcohol and addiction was very limited as showed that most of sample believes that beer & cannabis don't lead to addiction. [3]

The addiction treatment finance:

About 2% of the health budget in Egypt is dedicated for mental health, but no clear data about the size of spending on addiction services. This is because we do not have a separate service for addiction.

The National Fund for prevention and treatment of addiction, under the Ministry of Social Affairs is the funding body for the 24-hours hotline service. Addicts who are admitted via the hotline to the governmental hospital do not pay for their treatment as this is totally covered by the National Fund. Otherwise Addicts contribution to their treatment within the governmental hospitals varies between 600 LE (the usual cost of treatment is about 2550 LE per month) and 3000 LE per month according to the type and setting of service (Heliopolis)

The NGOs received funding mainly from private donations.

Current service and accessibility:

Addiction services in Egypt are stretched over several governorates. The General Secretariat Mental Health (GSMH) is offering 90% of mental health services in Egypt and its detailed data about its services is available upon request.

Despite being located in several governorates, psychiatric governmental hospitals are located mainly in the greater Cairo region, the biggest and oldest hospitals available are Abbasia, Khanka, and Heliopolis. Addiction services are also located in Lower Egypt like Alexandria, Tanta, and Shobra kass hospitals. Although the service is deficient in upper Egypt, there are two hospitals having addiction treatment wards (Aswan, and Assuit). Finally, one hospital in the canal area offers addiction services (Portsaid hospital). All these hospitals follow the GSMH technically & executively.

All the previously mentioned hospitals are not exclusively specialized in addiction services, except Heliopolis hospital; which was built in 1996 and is considered one of the accredited centers of training by the WHO. The rest of the hospitals have addiction treatment wards along with psychiatric wards. As for universities' hospitals only 4 have addiction services (Cairo, Ain-shams, Alexandria, and Assuit).

Even though the hospital geographical distribution, patients and their family face difficulties in reaching the services as they might need to take more than one method of transportation to get to the hospital.

There are no governmental rehabilitation facilities or Community Centers specialized in providing any kind of services to fulfill the needs of addicts or their families.

Khanka hospital is the main hospital in Egypt that specializes in forensic psychiatry inmates; it also specializes in treatment of any addicts within their patient population. It is the only hospital where judges refer cases of law 122 of 1989. While Abbsya (located in Cairo) & Mamoura (located in Alexandria) have forensic psychiatry units that assess judicial cases but doesn't have the facility for compulsory admission for these cases afterward.

Narcotic Anonymous NA has strong presence in the community and is part of the international society of NA. NA society collaborates with the GMSH in providing awareness and information session to patients admitted to addiction wards about NA programs and services. GSMH also allow NA society to hold its meetings in multiple hospitals such as Abbsya , Heliopolis (Cairo) & Mamoura (Alexandria).

In 2010, a training programme on Addiction Management in prison was conducted by the MHS trainers to professionals working in the Prison setting. However, with the political situation in Egypt and the consequences of disability of the security system and too many changes happened at the Ministry of Interior, the Addiction service within the prison did not start as planned

Regarding primary health care centers, though they have a well based geographical distribution, they have a major deficiency in their human resources training in the area of mental health and addiction services with a lot of restriction in use, prescription and dispense of psychotropic drugs [8]

In January 2011, the first ever Community Mental Health Centre in Egypt (Franco Basaglia Centre) was opened to provide service for mentally ill patients, families and community in the district of Kafr El Dawar – Behara Governorate. This centre provide a bio-psycho-social model of management in close collaboration with the Family units and primary care service in the district

and is caring temporarily of few addicts within the district. Having said that do not provide any detoxification programme, but mainly psycho-social rehabilitation service within the current availability of the centre and include few addicts in the self help programme.

Cairo university' hospital has a specialized unit for management of addiction with 25 beds for male and 18 beds for females.

The private sector is known to deal with addiction within a wider scope, having said that, there are several private units that are illegally run by x-addicts and they are moving from one place to other. Abou El-Azaym Hospitals are 4 hospitals all based in Cairo and its surrounding areas. There are 4 addiction units, one in each hospital. The biggest unit has 30 detoxification beds and 35 rehabilitation beds; while the smallest unit has 15 detoxification beds and 15 rehabilitation beds. Behman Hospital has an addiction unit with 29 beds and Dr. Sadek Hospital has an addiction unit with 20 beds

Model/s of Therapy:

As for models of therapy most of the governmental and university hospitals rely on cognitive-behavioral approach. Private hospitals on the other hand rely sometimes on cognitive-behavioral approach or the 12 steps approach. Group therapy is widely used across sectors either within the hospital in-patient setting or as out-patient sessions

Opiate replacement therapy is not available in Egypt; drugs like methadone are still not being utilized. Despite increasing numbers of patients contracting blood transmitted diseases through needle sharing, the model of harm reduction is still not used in Egypt due to legislative issues.

Regarding therapeutic settings (Therapeutic Community), facilities are only present in two NGOs (Caritas, and Wadi al Natroun); their combined bed capacity is around 100 beds. Also, half way facilities are still not officially available in Egypt. The only form available in governmental hospitals is day-care centers which are located in Abbassia, Helioloplis, and Alexandria hospitals.

The 24-hours hotline is activated in 4 governmental hospitals in collaboration with the National Institute of Substance-abuse Treatment.

Human Resources:

Heliopolis Hospital, the only specialized hospital for management of addiction under the MHS, has a permanently employed clinical team comprised of 13 psychiatrists, 3 high nurses, 48 nurses, 13 social workers, and one psychologist. 6 out of those 13 psychiatrists are registered trainer at the International Society of Addiction Medicine, two of them are based at the MHS and practice at Abbassya Hospital and four are based at Heliopolis Hospital.

Other General Psychiatric Hospitals under MHS where wards for Addiction treatment are present, have a 6 months-rotations of the multidisciplinary teams with all-over number at each rotation of 22 psychiatrists, 60 nurses, 24 social workers, and 6 psychologists. Example: Maamoura Hospital in Alexandria has 2 psychiatrists, 4 trainees rotating every 6 months, 2 psychologists, 2 social workers and 14 nurses.

Cairo University Hospital has addiction unit with permanently employed 7 Psychiatrists, 2 psychologists, 18 nurses, one occupational therapist. The social workers are rotating between different specialties in psychiatry.

Abou El Azaym Private Hospitals have in each addiction unit 2 psychiatrists, 2 psychologists, one General Practitioner, 2 psychologists, 2 x-addict counselors, and 4 nurses. Behman Hospital has a permanent staff based at the addiction unit comprise of 2 psychiatrists, one trainee who rotate every 6 month, 3 psychologists, and 4 x-addict counselors. Also Dr. Sadek Hospital has 2 psychiatrists, one psychologist, one social worker, and one x-addict counselor.

Co-morbidity of Addiction:

Addict patients usually have co-morbidity with other diseases. According to the National Addiction Survey, 35.9 % of those who ever used drug suffered from other mental illness.

In Addition, in Heliopolis hospital analysis of its patients, it was found that 32 % of patients have positive hepatitis C antibodies (HCV) while 2% of its patients were HIV positive.

Users and Families Views about the service:

Users and Family comments in general included the difficulty in reaching the centralized service. Most of the comments suggested more specialized unites scattered all over the country for easy accessibility. Also they raise the importance to disseminate information about the service and locations. Setting anti-stigma campaigns, television & radio advocacy and educational sessions about addiction and consequences were suggested as essential needs.

Factors related to the initiation, maintenance, and treatment of substance dependence:

The general perception of the behavior (addictive substances use) is related to misconduct and bad behavior (Stigma). There is no much emphasis from families and the public or the users themselves to consider social or other factors that are possibly related a person to start using addictive substances. The lack of information in the media and absence of awareness sessions within the educational system of youth were also highlighted. The users also discussed other important aspect that obstruct them seeking treatment, these include the cost of the treatment and the length of treatment in hospital without any job to support themselves and their families. Most of the professionals highlighted the absence of a good referral system especially between the primary care service and the psychiatric and addiction services. Also the capacity of the service needs enlargement and to consider all aspects of needs and adapt gender difference issues.

Addiction treatment legislation

Although 2007 National Survey report stated that 8.5 percent of Egyptians - or six million people - are addicted to drugs the majority of them are between 15 and 25 years of age and that the addicts are considered as criminals rather than patients in need for treatment

For years ago, the Egyptian community considered both addicts and users as criminals, and the Egyptian addicts suffered from the miss-communication between the legal system and the Mental

Health System. Most of the addicts are admitted to prison instead treatment centers, although the Egyptian law gives the judge the right to send the addicts for Treatment. This situation causes to the Egyptian communities many health, social and economic problems.

On the other hand the General Secretariat of Mental Health developed a new mental health law which based on the treatment for who ask for voluntary treatment . In case they refuse they will face all the expected negative consequences of addictive behavior.

a- The Mental Health Act 71 of 2009:

In recent years treatment strategies have changed concerning both addiction and psychiatric treatment. This has occurred by the passing of the New Mental Health act 71 of 2009, which concentrated on human rights issues of patients within psychiatric facilities and on monitoring all processes and treatment procedures within the facilities.

The Mental Health Act doesn't clearly cover any regulations in relation to addiction per say. However, addiction is dealt with in the context of co-morbidity. The executive memorandum (code of practice) of the Mental Health Act was revised by the end of 2011, yet addiction was ambiguously included as one of mental disorders.

b- The Anti Narcotic Law 122 of 1989:

According to the article 37 of the Egyptian criminal law, a convicted addict may be referred to a specialized facility for treatment rather than imprisonment. This compulsory admission starts

from 6 months and doesn't exceed 3 years, during which monitoring & evaluation of treatment should be performed by a multidisciplinary committee. However such article is inactive for unknown reasons.

Recent harsh legalizations against drug traffic & abuse were instated. Verdicts like death penalties, life time imprisonment without parole, and huge fines up to 500,000 LE were included. Such harsh legalizations had negative impact on judges 'decision using the maximum verdicts against accused persons for the fear of inaccuracy in procedures.

There is an article in the Egyptian narcotic law 122 of 1989 stating that an offender may be involuntary referred for treatment in case of committing a crime under the influence of illicit drugs.

In the last 3 years, there was increase in male involved in offending crimes related to addiction reaching 3213 prisoners, and there was significant increase among female addict prisoners up to 30%. Only few cases were subjected to the narcotic law 122 of 1989; it was found that only 8 cases were referred to Khanka mental health hospital during the past 5 years; 2 of them where referred last year during the project. All the cases were referred by a zealous judge in one of Alexandria court.

Upon detailed study of the records of these cases, it was found that their hospital admission ranged from 8 months to a year, but the records showed no proof of any misconduct, penalties or post discharge relapse.

Study tour activities

Study Tour to the UK:

Through this study visit, we were looking for developing a system to help the addicts and their families and decrease the gap between the judiciary and mental health .The focus of the study tour was on how to establish a court diversion scheme, organizing referrals to services, supporting drug users through their treatment as directed by the courts, breaching drug users who are not responding to treatment, training of all staff involved

About The Visit

The visit was excellently arranged and the delegation was received with great hospitality from the hosting staff.

In fact the system that was discussed has many advantages and can be applicable in Egypt; however it will only have to receive some modifications so that it fits the Egyptian Environment

The Egyptian Delegation:

The delegation included 3 Psychiatrists, 3 Attorney Generals, and 4 Judges

Visits:

27 SEP 2010

- Meeting at Department of Health (DH), Wellington House Meet the drug policy team at Department of Health. The drug policy team presented :

- Current Status of the English new system and the progress of it.
- The latest statistics and results of the English program and how it works.
- The economic impact for the experience and the positive effect on the community and the individuals.

- Visit to Westminster Custody Suite at Charing Cross Police Station; meet with probation staff during the course of the afternoon. The probation staff presented :
  - Criteria of selecting the persons who should pass through the drug screen tests.
  - Types of Drugs Tests.
  - The actions which should be taken if the test is positive.
  - How they clarify the advantages of refereeing to the drugs courts.
  - Sending the tests for the Central Labs in case, there is a doubt in the accuracy of testing results.
  - Defining the offender cell.

28 SEP 2010 :

- Visiting Drugs court, Meeting with Judge Philip and attending some judgments.
- Meeting with legal advisors, and observes the sentencing of drug users in the court (TBC). The legal advisors and observers presented :
  - Following up the treatment progress is an important factor in the treatment system.
  - How the judge meets with the offenders.

- The Judge decides sending the offenders to the treatment centers or judging them if they refuse the treatment or don't complete it.
- The referring process.
- Drug consultants report the treatment progress for the judges.
- The same judge follows up the offenders' treatment progress in the presence of the Drug consultants. And set a periodical interview for following up their progress.

- Meeting with Baroness Doreen Massey. During this meeting the audience discussed :
  - The evaluation process for the project progress and the budget.
  - Deciding the possibility to generalize the project in all England and defining the appropriate budget.
  - Evaluate the availability , capacity and effectiveness of treatment of drug mis-use
  - The overall purpose of the NTA is to double the number of people in effective, will managed treatment and to increase the percentage of people who are appropriately continues treatment. This in line with the UK Drugs Strategy targets.

29 SEP 2010:

- The Egyptian delegation meets with the Honorable Mr. Justice Calvert-Smith. He presented :
  - The role of Drugs Court in following up the offenders.
  - Treatment motivation ways.
  - Pending the penalties on the offender's response for the treatment.

- Communication between Drugs Court and Family court.
- Referring some cases for the family court.

- Visit to Her Majesty's prison/Youth Offender Institution (HMP/YOI).
    - The delegation visited the prison and viewed the prison system, offender's treatment, and offenders' treatment buildings which are separated from other offenders' buildings.
    - They work by harm reduction strategy using methadone
    - Patients receive the medicines in the pharmacy.
    - Monitoring the using Methadone to prevent the mis-using of Methadone.
    - Using the drug screen as a tool in the treatment program.

- Visit to Yeldall Manor, residential rehabilitation. Yeldall Manor provides residential rehabilitation for men with drug and/or alcohol addictions
    - Yeldall Manor is a Christian charity providing comprehensive residential rehabilitation, including methadone and subutex detoxification, to men aged between 18 and 50-plus, with long-term drug and/or alcohol dependencies.
    - Yeldall Manor offers a two stage program of residential rehabilitation, which provides the framework to enable men to overcome their substance misuse issues and learn to live new fulfilling lives, free of drugs and alcohol.

- The drug courts refer the offenders to Yeldall Manor for treatment with the volunteers.
- Yeldall Manor depends on the Social Specialists, Psychologists and Recuperative patients without the doctors.
- There is a connection between Yeldall Manor and the drug courts through the drugs consultants who are working in (DIP) services.
- Yeldall Manor reports the treatment progress to the courts.
- How to treat the offenders using methadone
- Control the using Methadone to prevent the mis-using of Methadone.
- Using the drug screen as a tool in the treatment program.

30 SEP 2010:

- Meeting with Judge Nick Creighton Inner London Family Drug Court .The judge presented :
  - Motivations ways for the offenders.
  - The offender family situation.
- Visit Drug intervention Services (DIP) services in Camden (Pauline Fisher/John McCracken)
- Visit DIP services in Greenwich (Chris Witt / Aileen Phillips). The delegation was shown that :

- The Drug Intervention Program (DIP) is designed to engage drug using offenders into drug treatment by intervening at every stage of the criminal justice system.

- Providing a service which can facilitate lifestyle changes whilst motivating service users to reduce the risk of drug use and drug related crime.

- The drugs consultants examine the offenders, who were referred from Drug Courts and report their status. Then they decide if they should be treated through day care or be referred to residential rehabilitation

- How to treat the offenders using Methadone

- Control the using Methadone to prevent the mis-using of Methadone.

- Using the drug screening as a tool in the treatment program.

1st OCT 2010:

- Visit to Bethlem Royal Hospital to Residential in-patient drug services (morning) (TBC). The Bethlem Royal Hospital of London is a psychiatric hospital at Beckenham in the London Borough of Bromley.

- Visit to Her Majesty's prison (HMP) The Mount (all day). Her Majesty's Prison Service is an part of the National Offender Management Service of the Government of the United Kingdom tasked with managing most of the prisons within England and Wales.The delegation visited the prison and viewed the prison system, offenders treatment , offenders treatment buildings which are separated from other offenders buildings

    - How to treat the offenders using Methadone .

    - Control the using Methadone to prevent the mis-using of Methadone.

- Using the drug screening as a tool in the treatment program.

- Visiting to Oak Lodge : Oak Lodge is a drug and alcohol-free therapeutic community. the delegation visited Oak Lodge and was shown that :

  - Oak Lodge offers residential rehabilitation for dependent and problematic drug and alcohol users (18+ yrs) and aims to provide a safe drug and alcohol free environment where they can help clients resolve the problems. Associated with drug use. Services offered include: structured and open therapy groups, educational workshops and a seminar programme, counseling and education/training

  - Oak Lodge treatment system depends on the concept of abstinence.

Impact:

1. The visit and meetings with professionals from different disciplines working within the British Drug strategy, system, diversion scheme and follow up of Drug-offender's treatment acted as an eye opener for the Egyptian delegate on the importance of communication between these disciplines and needs for continuous training on drug issues from legal, medical, and psychosocial aspects
2. For Policy makers, the visit highlighted the necessity of designing a comprehensive Medico-legal Drug scheme that is planned to be a hierarchal process starting by efficient and standardized assessment, referral & diversion into agreed, appropriate treating placement and going through a functioning multidiscipline's follow up program.
3. Observing the implementation of the system in the UK, encouraged the Egyptian delegation to seriously examine/ analysis the current situation in Egypt in relation to the

topic and to clarify the actual needs to promote the Government, professional and public interest in developing an active scheme and to design a policy appropriate to the Country.

4. It was very useful for the delegation to overview the information system of the scheme, and how accurate documentation, statistics and regular evaluation keep the scheme efficient. This was important to consider, as part of the next stage of the project, the inclusion of a purpose designed information system that will serve not only to collect information on the current situation in Egypt but also to provide a standardized mechanism to collect data on regular basis and to evaluate the progress of implementation of both diversion scheme and treatment plans.
5. It was extremely significant for the delegation to note how important in the implementation of the diversion scheme that both the Judiciary and the health care systems together with Families are cooperating to enhance the motivation of Drug-offenders to comply with the treatment plans.
6. The Study Tour to the UK had served its purpose efficiently and provided a perfect initiation for the second part of the project.

Study Tour to Italy:

The Italian Anti-drug & crime Office has kindly contributed in this project by funding and organizing a study tour for six Egyptian delegates "Addiction Task Force" that are involved in the project to visit the Italian advanced experiences on drug addiction treatment and drug fighting policies, as well as, to be introduced to the Italian Judicial system for referral of drug addiction convicted felons to treatment instead of imprisonment. The planned tour also included a visit to

the National Observatory in Italy. This is a current high priority in Egypt (setting a National Observatory).

The Egyptian delegation completed the study tour in Italy in the period of September 19th, 2011 to September 24th, 2011, with actual visits and meetings that took place in the period from September 20th, 2011, to September 23rd, 2011, which contained several visits to several organizations in Italy that are cooperating together all within the Italian system of fighting drug and treatment of drug addiction.

The Egyptian delegation included psychiatrists, psychologist, and one judge.

Visits

Tuesday, September 20th, 2011 "Rebibbia Penal Institution, Rome.

In this visit, we were hosted by the General Manager of the Facility, who provided a very informative talk about the prison and its history, the nature of the facility, the organization and regulation of the work inside the facility. He also provided lots of information about the structural regulation of the facility, and the conditions in which medical assistance is needed.

He also answered all of our questions regarding the system and the conditions for addiction patients specifically, he also reviewed the system by which Methadone treatment is used in prisons, and the tailored program for addiction treatment in the facility.

The group then had a visit inside the prison, we were accompanied with administrative personnel, and then we met the team working with addicted prisoners, who discussed with us the nature of their work and how they conduct meetings with prisoners, specially first time ones.

The overall result of this visit is great; we had a very good chance to know about the disciplinary system in Italy especially when it comes to how to deal with drug addiction patients, and those who were convicted in drug related cases.

Recommendations:

- Most of the Italian treatment system in prisons (except for replacement treatment with methadone) is currently applicable in Egyptian correction facilities, and we do recommend that responsible personnel in the Egyptian correctional system do a separate study to see the possibility of applying the Italian methods of treatment inside prisons, after working on it to make it more suitable for the Egyptian legal and correctional system.

Visit to Palazzo Chigi Premises"Meeting with Sen. Giovanardi, the Department for Anti-drug Policies and the competent Ministries", Rome.

In this meeting, Dr. G. Serpelloni, displayed a very informative presentation about the department for anti-drug, and its policies, and how it works as the central unit in the whole Italian system for fighting drugs, and drug addiction treatment, that provide information, regulation, facilitations, and work to prevent any duplication of efforts or activities.

This unit actually works as the main central gear in the whole Italian mechanism for applying the already presented policies against drugs and drug addiction, as well as, the mainframe by which any information and/or any data is provided for common work among different departments, and also provided for research.

This was actually a dramatically important meeting, and the presentation was controversial that it attracted the attention of the whole Egyptian team, resulting in many questions and provoked lots of ideas, as we all agreed that such a system if could be founded in Egypt (in form of a National

Observatory or as a department that is independent in structure) this could be the start of a real productive and effective system in Egypt.

Palazzo Chigi Premises" Meeting with the competent Ministries", Rome.

In this meeting, there was a representative from every department and organization that integrate through common work with the Department for Anti-drug in Italy, and each representative presented a detailed presentation about the department he/she represents, and how it works, and more importantly how it integrates and collaborates with other departments or ministries under the supervision and organization of the Department for Anti-drug.

All representatives demonstrated their work, has clearly shown that there are many similarities between the Egyptian and the Italian methods in how departments work, and that the major difference between the two experiences is the presence of a specially formed independent unit "Department for Anti-drug" that is responsible for organization, cooperation, and collaboration.

Recommendations:

- It is a fact that the establishment of a specially formed independent unit, that have all the accesses and clarifications for types of information and data that is relevant to the drugs and substance abuse problem in Egypt, it is a fact that Egypt is in great need for the presence of such a unit (National Observatory).
- Collaboration between functional units in Egypt (especially legal, administrative and therapeutic units) should be primarily planned and executed on the level of information systems to facilitate several aspects of common work and/or research.
- Studies should be performed by specialized organizations and units in Egypt to note the possibility and requirements for future cooperation with the Italian authorities and

specially the Department for Anti-drug in the level of information and data exchange for research and tracking purposes.

- Future visits are recommended (if possible) to obtain a closer look on the Italian advanced system, and methods of cooperation and collaboration among different units.

Wednesday, September 21st, 2011, Central Directorate for Anti-Drug Services, Ministry of Interior, Rome.

In this visit, several presentations were presented by the Head of Office about the department and how it works, and its role in coordination and planning within D.C.S.A., and another presentation about Management of domestic police information flows in the drug field, and finally a presentation about D.A.D.E. section (Drug trafficking information and data collection).

Afterwards, there was a visit to the D.A.D.E. section (Drug trafficking information and data collection), in which we got to know on field about the system for data entry and data collection, as well as, how data retrieval could be done effectively and in time efficient way.

The result of this visit was positive, as we got to know about the work of an important element of the whole Italian mechanism running the anti-drug policies, and fulfilling the Italian plans towards the topic.

Recommendations:

- Forwarding of contacts, and contacting methods to the corresponding authority in Egypt (ANGA), that is well known and recognized by the Italian authorities as an active and advanced unit in Egypt, for the posiiblity of future cooperation between the two sides as they both might find beneficial

Radio Vaticana Number 1, Vatican City.

A radio interview was held with the Head of the Egyptian Delegation to Italy, Dr. Mohamad Elhendawi, and the interview was friendly, and reflected the common good impressions of both the Italian and the Egyptian side about each other, the interview contained different types of questions about the visit, drug addiction and abuse in Egypt, some political questions, and others of religious nature.

The all in all result of this interview was positive, and reflected a bright positive light on Egypt and the Egyptian people.

Thursday, September 22nd, 2011, San Patrignano Therapeutic Community, Rimini

In this visit, we had the chance to see in a close look the entire work and concept of the biggest therapeutic community in Italy, and the pioneering staff behind this great work and system, in this visit, we reviewed every unit and department inside the community, and reviewed their rules and regulations regarding the treatment processes, and their relationship with the legal system in Italy, also their policies regarding the follow up and aftercare.

The visit ended by making an interview with the community's own journalist, in which the Egyptian team was asked about his opinion and impression about the community, also about the differences about Egypt and Italy regarding drugs, and drug addiction.

The visit was a success, and a great addition to the great value of the visit.

Recommendations:

The whole Egyptian team agreed on that the experience of therapeutic communities is an essential need in Egypt, especially regarding San Patrignano's pioneer experience with addicted females and their children, and suggested that a mini copy of this therapeutic community should be planned and executed as soon as possible.

- Future visits to the community is strongly recommended, especially if it is possible to make it longer visits (more than one day visit), to get to know deeply about the system, and accompany if possible the whole experience and the program.
- The same specialized female unit in San Patrignano is a unique experience that could be conducted separately in Egypt, in the form of special communities for females, or on a smaller scale of "Similar to home treatment units".
- More spreading of the "treatment through working" technique is very much applicable in Egypt, specially that the San Patrignano model is based on handcrafts work, and works that originate from the Italian rich culture and folklore, which we all believe is much similar to the Egyptian culture and folklore.

Friday, September 23rd, 2011, Addiction Department, Verona.

In this visit, had the chance to get to know a lot about the drug addiction treatment in this unit in Verona, several presentations were performed to illustrate how the unit works, its tasks, organization, operating units, and data collection system, which was developed according to the unit's needs and designed specially for it.

Also there was a specific focus on rehabilitation work, and alcohol addiction work.

The presentations were very informative, clear, and to the point. These presentations also shown that our Egyptian medical systems are not behind at all, in fact, as we all agreed, some active units in Egypt, especially those specialized in addiction medicine (e.g. Heliopolis Psychiatric Hospital) are working with the same advanced methods, and have very well trained personnel.

Then we were taken in a tour in the department offices, outpatient clinics, front desks, and rooms for medical interventions and detoxification processes, we also had the chance to discuss the pharmacotherapies, and treatment techniques with the officials responsible for them.

Recommendations:

- Where a single unit can develop its own information system that better serves its needs, while serves in whole the Italian information system for anti-drug policies, we strongly suggest that such a flexible system should be applied in Egypt when data and information systems are designed.

Press Conference, Addiction Department, Verona.

The press conference held in the Addiction Department in Verona was very friendly, and consisted of several speeches from Dr. G. Serpelloni, And Dr. E. Simeoni, and from the Egyptian Side were the words of Dr. Mohamad Elhendawi, The Head of the team. No questions from journalists followed the speeches, and all speakers agreed on the success of the visit, and the true intentions of planning more future visits for the same project, and for other future common projects, in same time, the Italian press expressed lots of positive thoughts and reviews about the visit, and the speeches in the closure

Task Force Meetings/ Seminars

To mobilize the situation, 5 sequential round table discussions followed by 8 seminars were conducted during the period 2010 - 2011.

The judges participated included both seniors & juniors judges all of whom are active & enthuthiastic to implement the narcotic law. Other participants included representatives from the GSMH , national council for mental health, Anti narotic fund, prosecution agency, the Ministry of Interior, large governmental & private hospitals & non govermental organizations NGO , director of psychiatric forenseic department, psychiatrists & psychologists working in the field of addiction, as well as some of the addict family members.

The 5 round table discoussion aimed at discussing reasons behind failure of using the anti narcotic law and laying vision on potential amendements for activation & implementation of this law.

The seminars aimed at getting all people involved together to present results of discussion of task force, experience gained from the study tour, scientific identification of the terminology which is a great hinder to the diversion process of the the referral system.

The seminars also allowed open discussion between participants for brain storming of further ideas to improve the service & to enhance awarness and to decrease the stigma associated with drug abuse.

provisional suggestions which were discussed and agreed upon:

Suggestions for the Law application

- The application of the law should be used in case of drug offenders fulfilling the criteria of dependence.
- The formation of specialized committee for assessment of drug offenders. This committee would be organized by the minister of justice and the national council of mental health.
- Responsebility of such committee will include the assemssent of convicted addicts s & follow up their progress reports back to the referred court.
- The meeting schedule of these committee will be maneged by National Mental Health Commission to assure their regular meeting .
- The head of the committee has the authority to make decision in case of absence of members of the committee.
- Delegation of authority to prosecution agencies to refer directly to the committee for assessment so to encompass all probable cases as early as possible & to hender its loss in the system's prolonged procedure.
- To change the name of the law from narcotic law to psychoactive substance law to include all types of substances abuse.

Legal amandements to the narcotic law 122 of 1989 would be presented to the parlimant for discussion, debate & passing of these amandements.

Suggestions for meeting the needs for appropiate service provision:

- Increase the number of beds in addiction treatment facilities
- Auditing of the quality of services provided and getting an idea of patients and families perception of the current services.

- Further discussion with the legal system, about their expectation of the appropiate treatment centers.
- Consider building capacity with priority to gender difference issues that covers prevention, management and rehabilitation services.
- Improve the training system for service providers.
- Maintain a strong communication between different facilities and setting

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Scientific Research

Knowledge and attitude toward law 71 of 2009 & law 122 of 1989 among service providers, patients and patients' relatives

In parallel to the meetings and seminars, a study was conducted to explore knowledge and attitude towards the "Law for the Care of the Mentally Ill Patient" (71/2009) and the narcotic law 122 of 1989. The study consisted of 3 parts: the first part was to study the knowledge and attitude towards the 2 laws but concentrating on the mental health law 71/2009 among service providers, patients and patients' relatives and how it is perceived to have affected the service to addiction patients. The second part of the survey has briefly studied the judges' knowledge and attitudes toward law 122 of 1989. The third part was just display of the opinion of the representatives of the NGO. The study also aimed at defining the practical problems of the law in practice.

Background of the research:

In recent decades rates of imprisonment have increased throughout the world. One of the drivers of this increase is the proportion of people whose imprisonment is linked to their use of illicit drugs. It is clear that punitive responses alone have been unsuccessful in ending illegal drug use and associated crime. Further, for many offenders, conviction and imprisonment only compounds the negative impacts of drug addiction. As a consequence, there has been renewed interest in the world, in programs that divert drug dependent offenders from the criminal justice system into education and treatment programs. [9]

In the USA, and more recently in some European countries e.g. UK, drug treatment courts (DTC) provide a mechanism for long-term court supervised treatment to offenders, usually of non violent offenses, with drug problems. In many jurisdictions, drug courts have become the preferred mechanism for linking drug- or alcohol-involved offenders to community-based treatment and related clinical interventions. [10]

The new Egyptian law for the care of the mentally ill introduces tight criteria specifying the circumstances in which a person can be involuntarily detained in mental health institutions. The new law did not specify if addiction, as a psychiatric disorder, is treated differently than other psychiatric disorders.

Objectives:

to explore knowledge and attitude towards the mental health law 71/2009 & the anti narcotic law 122 of 1989 among service providers, patients and patients' relatives and how it is perceived to have affected the service to addiction patients.

Hypothesis of the study:

1) A significant proportion of patients with substance abuse, their relatives and their mental health service providers will have no or little knowledge of the existence of the mental health law and narcotic law.

2) Among those who have knowledge of the laws a significant proportion will have an inadequate or incorrect understanding of the articles pertaining to patients with substance misuse.

Methodology:

- A sample of 505 patients, 213 family members and 172 service providers.

- To sample all socioeconomic strata of society both private and public institutions specializing in the treatment of substance misuse were included.

- The Research Unit of the General Secretariat of Mental Health supervised the design of 4 quantitative questionnaires for the purpose of the study. Questionnaire (1) is directed to service providers working in ministry of health (MOH) hospital addiction units, and private hospitals with addiction units (service provider questionnaire). Questionnaire (2) is directed to patients (service user questionnaire) and questionnaire (3) is directed to patients' relatives (relative questionnaire). Each questionnaire starts with demographic and

identifying information followed by questions exploring knowledge of the existence of the 2 Laws and their applicability to patients with substance misuse.

All questions are quantitative, and phrased in colloquial Arabic. Responses are either 'yes' or 'no' or are specific defined choices.

The shared questions are partly derived from the Addiction Severity Index (ASI)

The construct validity of the questionnaires was examined by 2 independent expert reviewers. Reviewers checked whether the questions related to the hypotheses of the study and whether they were accurately worded. The questionnaires were not tested for reliability.

Questionnaires (service providers, patients and their relatives) were distributed by (hand) to participants from Matar Hospital for Addiction , and Abbassia and Maamoura Addiction unit from the public sector and to Mokattam Mental Health Hospital and two NGO addiction treatment centers from the private sector. The judge's questionnaire was distributed during the task force seminars. A verbal informed consent was obtained from each subject. Participants were asked to answer the questionnaires anonymously and in private with the aim of obtaining a factual independent view of opinions. A researcher was available to explain questions if necessary or read the questionnaire to those who found difficulty in reading.

Statistical analysis:

Data collected was introduced on SPSS spreadsheet and analyzed using version 16. To describe and compare responses, percentages and chi square test were used for the nominal data. Mean and standard deviation and t test or Median and U test were used for continuous and ordinal data. P value was considered significant at < 0.05 and highly significant at <0.01.

Sample Characteristics

Table 1a Service providers

		Number (172)	**%**
Profession	Consultant/Specialist/Doctor	83	48.2%
	Clinical psychologist	39	22.7%
	Clinical social worker	42	24.4%
	Mental health nurse	8	4.7%
Qualification	MD/Ph D	15	8.7%
	M Sc or Diploma	60	34.9%
	University degree	97	56.4%
Work place	Public MOH hospitals	157	91.3%
	University or private work	15	8.7%
Experience [years]	Mean (SD) 11.7 (9) Range [1-35]		
Age [years]	Mean (SD) 37.9 (10.2) Range [23-62]		

Table 1 b Patients with substance misuse

		Number (505)	%
Sex	Male	491	97.2%
Marital status	Single	325	64.5%
	Married	149	29.6%
	Separated /divorced/ widowed	30	6.0%
Education	Illiterate/ Read and write	42	8.6%
	Primary/ preparatory	50	10.2%
	Secondary and intermediate	210	42.4%
	University or higher	188	38.8%
Occupation	Unemployed	100	21.8%
	Student	42	9.2%
	Unskilled worker	166	36.2%
	Skilled worker	84	18.3%
	Clerical	25	5.4%
	Merchant	37	8.1%
	Professional	5	1.1%
Treating hospital	MOH hospital	381	79.7%
	Private hospital	97	20.3%
Type of service	Inpatient	353	77.6%
	Outpatient	101	22.2%
Age [years]	Mean (SD) 29.74 (7.58) Range [15-61]		
Preferred substance of abuse	Opioids	423	84.4%
	Cannabis	268	53.5%
	Sedatives	129	25.7%
	Hallucinogens	16	3.2%
	Alcohol	109	21.8%
	Volatiles	5	1.0%
	Others	32	6.4%
Treatment episodes	Once	109	22.9%
	Twice	74	15.6%
	More than twice	292	61.5%

Table 1c Relatives of patients with substance misuse

		Number (213)	%
Sex	Male	130	61.0%
Relation	Parent	80	37.7%
	Sibling	77	36.3%
	Spouse	23	10.8%
	Child	9	4.2%
	Other	24	10.8%
Education	Illiterate	23	11.0%
	Primary/ Preparatory	36	17.3%
	Secondary and intermediate	81	38.8%
	University or higher	69	33.0%
Residence	Cairo	96	45.7%
	Alexandria	91	43.3%
	Other	23	11.0%
Treating Hospital[1]	MOH hospital	81	60.0%
	Private hospital	54	40.0%
Age [years]	Mean (SD) 43.1 (14.2) Range [10-72]		

Results:

The results of this study are presented in sequence according to the group of subjects studied. Only the most relevant items of each questionnaire are illustrated in table form. Among the items illustrated there are questions that reveal knowledge, others that relate to attitude whether positive or negative, and others that relate to actual experiences with the new law.

A- Knowledge, Attitude and Practice of Addiction Service Providers

Table (2): Knowledge, Attitude and Practice of Addiction Service Providers

Service Provider Questionnaire (1)		TOTAL (N=172) YES		Service Providers			
				Psychiatrists (N =83) YES		Non-Psychiatrists (N =89) YES	
		N	%	N	%	N	%
1	Heard about the New Law	159	92.4%	78	94%	81	91%
2	Read about the New Law	135	78.5%	70	84.3%	65	73%
3	Received any training related to the law	77	45%	40	48.2%	37	42%
4	Applied any provisions of the New Law in practice	118	69%	61	74.4%	57	64%
5	Agrees to the provisions of the New Law	52	31.5%	28	35.9%	24	27.6%
6	The New Law promotes better performance at work	50	30.9%	26	34.7%	24	27.6%
7	Noticed a change in the number of patients seeking treatment from addiction after the New Law?	86	52.4%	44	55.7%	42	49.4%
8	If you have, did the percent decrease? [1]	40	50%	14	36.8%*	26	61.9%*
9	Discussed the New Law provisions with patients or their families	120	71.9%	61	75.3%	59	68.6%
10	The New Law allows the involuntary admission of addiction patients for treatment	36	21.8%	19	23.8%	17	20%
11	Agreement of the addiction patients to care plan is mandatory under the New Law	142	84%	69	83.1%	73	84.9%
12	Emergency conditions stated by the law apply to addiction patients	85	54.1%	44	59.5%	41	49.4%
13	The law allows discharge of addiction patients on request at any time	145	86.3%	71	85.5%	74	87.1%
14	The law specifies a treatment duration for involuntarily admitted addiction patients [2]	58	35.8%	31	39.2%	27	32.5%
15	Knowledge about law 122 of 1989	2	1.16%	2	2.4%	0	0

* $\chi^2 = 5.013$, P = .025 statistical test χ^2

1- Only 80 (46.5%) providers answered this question
2- Seventy (40.7%) of the service providers who answered this question commented on the duration; 47.1% of them thought it was 1-3 months, 28.6% specified 3-6 months and 2.9% specified 7-12 months, 4.3% specified other duration and 17.1% said that the duration was not specified

It is not surprising that the great majority of service providers in the field of addiction know about the existence of the law (92%). A lesser proportion (73%) of non-psychiatrist service providers has read material about the law. However, beyond superficial knowledge less than half of the respondent service providers (45%) received any formal training on the provisions of the law. Among psychiatrists, the higher percentage (70%) of trained group are consultants and specialists, while no nurses (0%) received any training ($x^2 = 9.122$, P = 0.058).

There are no apparent differences between psychiatrists and non psychiatrists in their knowledge, attitude or practice related to the new law. The 'yes' responses of both groups are mostly in the same direction. There is one significant exception; namely the finding that more of the non-psychiatrists see a decline in the number of patients admitted for drug misuse compared to psychiatrists (62% and 37%) respectively.

The unusual and striking findings about the views of service providers can be summarized as follows (table 2):

A large discrepancy exists between the relatively high proportions of those who know about the law and quite low proportions of those who have a positive attitude towards the law. Positive attitudes are revealed through agreeing to unspecified questions like "Do you agree with the provisions of the law?"(31.5%), and "Does the new law promote better performance at work?"(31%)

There are also clear indications of misinformation and misunderstanding in the way the law provisions are seen in relation to patients with addiction problems (statements 11-16). This is

strikingly apparent in those who believe that the law does not allow compulsory admission (78%), those who believe that the compulsory patient has to agree with the care plan (84%), those who believe that the patient with addiction can leave hospital at any time (86%), and those who believe that the law did not specify any treatment duration for patients with addiction (64%). All these are incorrect statements when the content of the law is adequately examined.

Further analysis of statements differentiating those who agreed from those who did not agree to the law shows interesting findings. The first is whether the law allows the involuntary admission of addiction patients for treatment or not; those who accepted the law were more likely to reply "yes" to this statement than those who did not (41.2 % vs. 13.8 %, x^2 = 14.975, P< 0.001). The second is whether the law specifies the treatment duration for the involuntarily admitted addiction patient; those who accepted the law were more likely to accept this statement than those who did not (48.1% vs. 30.2% , x^2=4.841, P =.028). Quantitative analysis of their responses reveals that they do not really know the correct detention periods.

Not surprising, most of service providers 98.8% of service providers doesn't know about the existence of narcotic law 122 of 1989.

B- Knowledge and Attitude of Patients with Substance Misuse

Table (3) Knowledge and Attitude of Patients with Substance Misuse

	Service user Questionnaire (2)	TOTAL (N=505) YES		Patients of			
				MOH hospitals (N =381) YES		Private hospital (N =97) YES	
		N	%	N	%	N	%
1	Are you aware of a law for psychiatric patients?	239	47.6%	161	42.5%†	57	58.8%†
2	Does the law apply to addiction patients?	206	42.0%	138	37.3%§	47	50.0%§
3	Are you receiving treatment voluntarily?	377	75.4%	266	70.4%*	87	90.6%*
4	Have you received treatment before the new law?	283	56.5%	213	56.2%	51	53.7%
5	Have you observed a change in the standard of service before and after the law?1	131	27.6%	92	25.2%	26	31%
6	Does the new law encourage you to seek treatment?	220	44.3%	163	43.6%	42	43.8%
7	Have you been involuntarily admitted before?	218	43.6%	172	45.4%	37	39.4%
8	Do you agree to the new law?	312	63.4%	235	63.5%	61	63.5%
9	Have you regretted discontinuing the treatment program against professional advice before?	335	70.2%	253	70.3%	63	67%
10	Can addiction patients be a danger to themselves or others?	401	79.4%	302	79.3%	75	77.3%
11	Can addiction patient make decisions with normal mental capacity before treatment?	159	31.5%	119	31.2%	29	29.9%
12	Can addiction patients receive involuntary treatment for a period of time until they can make rational decisions?	323	64%	238	62.5%	66	68%

Statistical test $\chi 2$ *P < .001, †P < .01, § P < .05 1- (94%) answered this question

A large majority of the patients (75.4%) who joined the study stated that they are currently receiving treatment voluntarily. A significantly higher proportion (90%) of patients is treated voluntarily in the private sector (table 3).

Among service users 63.4% agree with the law in principle. However, 64% of them also see that patients suffering from addiction should receive involuntary treatment for a period of time until they become able to make rational decisions.

The knowledge, attitude and experience of addiction patients with the law showed differences according to the venue of admission or the place of receiving the service. In our study we mainly compared the situation in private and public hospitals (table 3).

Private hospital patients are significantly more aware of the existence of the law than those from the public hospitals (59%, and 43% respectively). Private hospital patients also believe significantly more that the law applies to addiction (50%, and 37%).

The responses of patients who thought that treatment can be initially enforced until the patient can develop capacity to choose (64%) were analyzed further. It was observed that they had a lesser number of admissions than those who disagreed (Mann-Whitney U = 21831**,** P= .001). They were less frequently involuntarily admitted than those who disagreed (36.4% vs. 56.4%, x^2 =18.7, P<.001) and a higher percentage of them were on voluntary treatment (83.4% vs. 61.1%. x^2= 30.96, P< .001). The type of hospital offering service did not differ, (x^2 = 1.04, P= NS) and the mean age did not differ 30.2 $\pm$7.4 years, vs. 28.97 $\pm$7.9 years, t = -1.72, P = NS]

More patients who agreed to the initial enforcement of the treatment, as compared to those who disagreed, saw that patients with addiction can be a danger to themselves or others before treatment (85% vs. 69%, x^2 = 18.02, P <.001).

One of the factors that make the patients agree about involuntary admission is how they attribute their illness. The way patients see addiction and its treatment is related to whether they accept involuntary treatment or not. In this sample 67.7% of patients see addiction as an illness, 14.3% see it as a social defect, 11.5% see addiction as a sin and another 11.5% see it as personal freedom (data not included in the table). More patients who agree to enforcing treatment see addiction as an illness (72% vs. 60%, x^2 = 6.79, P= .009). More patients who do not agree to enforcing treatment see addiction as a social defect (20% vs. 11%, x^2 =8.49, P =. 004). Likewise, 63% of the patients see addiction patient as needing both

medical and psychological treatment, 16% see the patient as needing withdrawal treatment only, and 15 % see that treatment is only a matter of will (data not included in the table). More patients who agree to initially enforce treatment see addiction patients needing both treatments (70% vs. 50%, x^2 = 20.8, P<.001). More patients who do not agree to enforce treatment see addiction patients as needing withdrawal treatment only (28% vs. 10%, x^2 = 29.7, P< .001).

C- Knowledge and Attitudes of Relatives of Service Users

Table (4) Knowledge and Attitudes of Relatives of Service Users

	Relative Questionnaire (3)	TOTAL (N=213) YES		Relatives of Patients who seek1			
				Public hospitals (N =81) YES		Private hospital (N =54) YES	
		N	%	N	%	N	%
1	Are you aware of a mental health law for the psychiatric patient?	87	40.8%	29	35.8%*	40	74.1%*
2	The conditions of involuntary admission (article13)4 in the law apply to addiction patients?	91	42.9%	39	48.1%§	16	29.6%§
3	The new law allows involuntary admission of patients with addiction for treatment?	27	12.7%	16	19.8%§	4	7.4%§
4	Was your relative admitted for treatment under the new law provisions?	96	46.4%	45	57%	24	47.1%
5	The family request should be sufficient for admission of addiction patients?	73	34.8%	24	30%*	33	62.3%*
6	Did you have difficulties before the New Law in receiving the service?	111	53.4%	39	49.4%†	14	26.4%†
7	These difficulties decreased last year? 2	76	55.9%	36	63.6%†	8	29.6%†
8	Do you like to change some provisions of the new law?	134	64.7%	51	64.6%	35	68.6%
9	What changes in the New Law would you like to have?3						
	- Allowing involuntary admission of patients with addiction	95	68.8%	26	48.1%*	33	91.7%*
	- Increasing length of stay for involuntary treatment	71	51.8%	24	44.4%	17	48.6%
	- Patient agreement with treatment plan is required	17	12.3%	9	16.7%	6	16.7%
	- Family consent sufficient for involuntary admission	48	35%	14	26.4%*	25	69.4%*

Statistical test χ2 *P < .001, † P< .01, §P < .05

1- (63.4%), 2- (63.8%) 3- (64.8%) answered the question. 4- article 13 was stated in the questionnaire.

There is a marginal difference between the relatives and the patients in the degree of knowledge about the new law (tables 3, 4). When they are given the chance to read the conditions for compulsory hospital admission (article 13) the majority of relatives (57%) believe that these provisions should not apply to patients with addiction.

Only a small minority (12.7%) believes the law allows compulsory admission of patients with addiction problems. A large majority (64.6%) of the relatives see the need to change some provisions especially concerning the sufficiency of the relatives consent for admission and the allowance of involuntary admission of patients with admission. This compares with a similar proportion of patients mentioned (64%) who would "agree" to initial involuntary admission although 63.4% of the patients agree to the new law (table 3).

The most revealing findings in the relative's questionnaire are those pertaining to the differences between relatives of patients in the public sector hospitals, and relatives of patients in the private sector hospitals. In general, relatives of private patients are more inclined to have a greater role and say in the admission and treatment of their ill relatives (table 4). Significantly more private sector relatives (74.1%) are aware of the law compared to 35.8% relatives in public hospitals. However, significantly more public sector than private sector relatives approve of article 13 provisions (48%, 29.6%) and see that compulsory admission of patients with addiction is sanctioned by the law (19.8%, 7.4%).

Table 5 illustrates the actual difficulties faced in receiving the service before and after the law according to relatives. It seems abundantly clear that there are several more problems on the ground in clinical facilities after the law was introduced compared to previous episodes of care. Refusal of involuntary admission increased significantly in both the public and private sectors, and it was more pronounced in the latter. Table 5 also shows that there is a degree of confusion and lack of clarity facing relatives about where to go to help their patients and how the service works after introduction of

the law. It also seems that the problems in the private sector facilities are even worse as shown in table 5 that relatives report much more premature discharges after introduction of the law, and refusal of admission of even voluntary patients. For unclear reasons both groups of relatives agree that treatment after enforcement of the law is less effective.

Table (5) problems faced by relatives before and after the New Law in MOH and Private Hospitals

	Problems	Before law (n= 187) Yes		After law (n= 208) Yes	
		N	%	N	%
Problems faced in MOH Hospitals	Hospital refused to admit patient	43	23%	48	23.1%
	Involuntary admission refused 1	65	**34.8%**	105	**50.5%**
	Patient discharged before end of treatment	83	44.4%	92	44.2%
	Not knowing where and how to get the service	14	7.5%	41	19.7%
	Financial problems	27	14.4%	30	14.4%
	Ineffective therapy	22	11.8%	50	24.0%
	Problems	Before law (n= 184) Yes		After law (n= 198) Yes	
		N	%	N	%
Problems faced in Private Hospitals	Hospital refused to admit patient	10	5.4%	24	12.1%
	Involuntary admission refused 2	26	**14.1%**	61	**30.8%**
	Patient discharged before end of treatment	22	12.0%	52	26.3%
	Not knowing where and how to get the service	14	7.6%	26	13.1%
	Financial problems	129	70.1%	121	61.1%
	Ineffective therapy	47	25.5%	75	37.9%

1 of 184 relatives who answered this question both before and after, 34.2% said yes before law and 45.1% said yes after. $x2 = 49.709$, P= .000

2 of 176 relatives who answered this question both before and after, 14.2% said yes before law and 23.3% said yes after. $x2 = 27.019$, P= .000

Discussion:

This study confirms that there are significant difficulties in the minds of service users and service providers about the status of substance misuse in the Law 71 for the Care of the Mentally Ill Patient (2009). These difficulties can be characterized as gaps of knowledge, misunderstandings, and a generally reserved even suspicious attitude towards the new law. Although more than ninety percent of the sample of service providers in the field of substance abuse knew of the existence of new mental health legislation in Egypt, more than 50% of substance users and their relatives were not aware of it. About two thirds of patients do agree to the new law, while more than two thirds of the service providers do not. About 80% of service providers and 87% of relatives believe that the 2009 legislation does not allow involuntary admission of patients with substance use disorders for treatment in mental health institutions.

Substance use disorders are not specifically mentioned in any of the articles of the Egyptian Mental Health Law 71/2009. The scope of mental disorders covered by the law is mentioned in the introduction to cover all mental disorders described in the WHO classification. Involuntary admission of mentally ill patients is specified in article 13 and is based on the concept of "dangerousness" of the mentally ill patient and the severe deterioration of the mental condition. The Executive Memorandum (2010) states that substance dependency is not considered a good enough reason for compulsory admission, and did not mention any criteria to clarify dangerousness or prominent deterioration considering substance misuse. This understanding led to ambiguity among service providers, and prompted the Egyptian Psychiatric Association (EPA) to

recommend its removal. The amendment has been accepted (Executive Memorandum, 2011).

A person with a substance use disorder, therefore, has to meet the requirements of the commitment statute, whether it is danger to self or others, or severe imminent deterioration of his condition. About 43% of patients' relatives and 60% of the psychiatrists in this study agree that these emergency conditions apply to patients with substance abuse.

Seventy percent of patients agreed that patients with substance abuse are not able to make decisions with normal mental capacity before treatment and 80% of the patients viewed that substance abuse patients can be dangerous to themselves or others.

In spite of this high agreement among service providers, patients and their relatives about the applicability of emergency condition in admission of patients with substance abuse, the vast majority (about 80% of service providers and 87% of patients' relatives) thought that the law does not allow compulsory admission for addiction. This can be explained by the low percentage of service providers who received training about the law (45%), in addition to the low awareness of the patients' relatives, as only 42% of them believed that the law applies to addiction. Moreover, members of the mental health inspection teams, despite being trained, tended to consider cases of substance abuse as having 'behavioural problems' mainly and allowed their voluntary discharge. This attitude of the inspection teams enforced more ambiguity and defensive responses from the service providers where scientific based practices were ignored. A higher percentage of inaccuracy about the allowance of the law for commitment in substance use disorders was found in the USA survey involving about 739 psychiatrist members of APA. The survey reported an erroneous concept of 83.5% for alcohol addiction, 78.8% for addiction relapse and 76.4% for drug addiction.[11]

Sixty four percent of patients in this sample agreed on involuntary treatment for a certain period of time until they can make rational decisions and 68.8% of the patients' relatives viewed that a modification of the law is needed to allow involuntary admission. This can be related to the previous practices before the law enforcement where 43% of the sample has been previously admitted involuntarily. In addition, families stated facing greater difficulties in admitting their patients, and reported that their inability to admit their patients involuntarily has increased from 34.8% to 50.5% in the hospitals of the Ministry of Health, and from 14.1% to 30.8% in the private sector, following enforcement of the law. This reflects a significant higher percentage of refusals of involuntary admissions from both public and private hospitals. Families burdened by the consequences of a chronic relapsing disorder tended to seek non-specialists treatment for their relatives (35% in this study). If families would seek treatment outside the medical field, then medical treatment should probably be facilitated rather than hindered.

On the contrary, Brook's Survey (2007) showed that only 22% of the participant psychiatrists supported the commitment for alcohol abuse and 22.9% for the commitment of other substances. However the author claimed that respondents might have been more in favor of involuntary treatment if the questionnaire has presented substance abuse as a type of mental illness, with other conditions (such as dangerousness) necessary for commitment.

There is a clear will amongst service users and their relatives requesting an involuntary admission possibility for patients with substance abuse. In Egypt this is particularly pertinent because the current criminal law (Narcotic Law, 1989) is not actually functioning when it applies to diversion schemes for patients with addiction. In other words, although the criminal law in Egypt allows for treatment of patients with addiction instead of incarceration, this facility is rarely used in light of the poor communication between the healthcare system and the criminal justice system.

Knowledge and attitudes of Judges toward law 122 of 1989

A simple questionnaire was distributed to invited judges during the seminars and meetings. Every meeting there would be new judges invited and it was assured they represent different governorates. Total numbers of judges answering the survey was 50 judges.

The questionnaire started with questions about the judges' demographic characteristic. It then assesses their knowledge, usage and attitude toward the narcotic law 122 of 1989. In addition it

Analysis of Data:

Table 6: Description of judges' sample

Age	Mean 55 years old
	SD 3.2 years
Judicial experience	Mean 23
	SD 6 years
	88% of judges had judicial experience of more than 15 years

Geographic distribution:

Judges were from 25 governorates covering most of Egypt including Upper & Lower Egypt and Sinai.

Table 7: distribution of judges by experience years:

Experience years	Number	Percent
< 5	1	2%
5 – 10	1	2%
11 – 15	14	28%
> 16	44	88%

Table 8: Judges Knowledge and attitudes toward the law:

Question	Yes		No	
	number	Percent	Number	Percent
Know about the law 122 of 1989	37	74%	13	26%
Law 71 of 2009 allow involuntary admission of addict	23	46%	27	54%
Use law 122 of 1989	2	4%	48	96%
Need to change the articles of the law	39	78%	11	22%
Addict deserve treatment	34	68%	16	32%
Suitable place for compulsory addiction treatment	30	60%	20	40%
Khanka as a place for compulsory addiction treatment	18	36%	32	64%

Quiet high percentage of judges are aware about the existence of the law 122 of 1989 (74%) and not familiar with law 71 of 2009 especially its applicability to addict patients (46%).

Only 2 judges representing 4% of the sample has ever used the anti narcotic law. It is well explained after that 78% of judges see that law needs change and modification to some of its articles to be more applicable.

There was high significant correlation between judges whose opinion that law need changes and modification and those whose opinions that addicts need and deserve treatment.

There was a conflict between the opinions of judges about the existence of a suitable place for compulsory addiction treatment, while only 36% of judges found Khanka hospital is a suitable facility.

Judges and families share the same mistrust to the therapy system & its deficient utility; this might be partly explaining the underuse of the diversion system and the exposure of families to the untrained mal practicing ex- addicts

CONCLUSIONS

- Ascertaining the view of service providers, judges, users and patients' family in the field of substance abuse towards the legislation for mental health and narcotic law is important as it helps to identify areas of controversy, to encourage discussion paving the way for proper suggestions for law modification if needed.

- Considering the application of the new mental health law (71/2009) for substance use disorders, ambiguity exists for regulations of commitment for treatment as well as duration of treatment and discharge.

RECOMMENDATIONS

There is a need to:

- Consider sensitive modifications in the 2009 Egyptian Mental Health Law considering regulations for treatment of patients with substance use disorders. Clarity and cultural sensitivity are needed.

- Consider implementation of special sections for involuntary admission based on guideline criteria of best practice. In addition to the implementation of compulsory admission using law 122 of 1989

- Direct more training efforts to young psychiatrists as well as the therapeutic team members regarding the regulations of the mental health law and the anti narcotic law as well as for effective motivational intervention to decrease resistance to treatment.

- Increase public awareness: regarding disease model of addiction, mental health and criminal law regulating admissions for treatment and how to access available services.

- Activate involvement of existing governmental specialized committees to study the needs of families suffering from severe addiction problems within their members according to their request to decide the possible need for mandatory treatment.

- Modification and actualization of the criminal law concerning narcotics; Referral from courts to treatment centers requires consideration, inter-organizational cooperation between the legal and the medical system and perhaps considering the successful Drug Court Model.

- Free optional abortion of therapeutic trials must be restricted to minimum levels as a means of relapse prevention. This could be achieved through proper professional decision of independent governmental specialized committees as National Mental Health Commission.

LIMITATIONS

The sample was recruited from two governorates Cairo and Alexandria and this might not be representative of the whole of Egypt with a bias that might arise from the level of awareness which might be higher when compared for example to upper Egypt

Some of the mental health professionals were not represented sufficiently (for example nursing staff was 8%)

Most of the service providers were from the public sector that may be different in their experience from those working in university hospitals and NGOs.

Opinion of NGO's representatives:

Different NGOs' were included in the discussions and asked about their perspectives. They had several input on the situation and everyday problems that face them. Their problems can be summarized as follows:

1. Low number of governmental facilities providing addiction treatment. Despite their geographical distribution, the demand for more treatment facilities is increasing.

2. The increasing number of non-licensed private facilities that treat addicts. These facilities pose a significant hazard and can't be monitored effectively.

3. The need to increase the role of NGOs' in helping the different governmental agencies in facing and treating addiction.

4. Financial restrictions hinder and slow down the role of different NGOs' in the treatment of addicts in different settings. This can be noticed in several different settings whether in a therapeutic context or a more supportive context.

5. Finding enough personnel who are well trained and qualified in the field of addiction training. This problem has significantly hindered the role of NGOs' with addicts due to high turnover rate with therapists and difficulty in finding replacements.

6. Information about the magnitude of the problem is not clear or available to NGOs' to assess and measure the most adequate area of intervention.

7. No official documented referral system is available for NGOs' to allow utilization of governmental treatment facilities.

The Egyptian National Drug Observatory

In preparation

The idea to start an Egyptian national drug observatory has been around for several months, however model to follow was hard to find. The Pompidou Group and the Council of Europe have helped in providing different models as example to start this project in Egypt through different study tours and meetings with experts on this matter.

In June of 2011 an Egyptian delegation travelled to Paris to visit the French Drug Observatory as a model. The aim of this visit was to understand the functionality of this observatory, the type of information being produced by the observatory, the organogram of the observatory, and legal and legislative issues associated with starting an observatory. The director and deputy of the French Observatory shared their personal experience in this drug observatory, and how the French model may differ than other European drug observatories. The delegation received a copy of the annual French drug report as an example of the type of report and information being produced drug observatories.

Upon return to Egypt the team in charge of the project started working on producing an information map to Egypt. The aim of this map would be to chart out the different indices required by the European Council, and Pompidou Group to be included in the annual drug reports. This map would also clarify the areas of deficiencies in the data needed in any report being produced in the future by the observatory. Also a data sheet was created to capture different supply and demand indices required to fulfill the report and help the future observatory. This data sheet was

tried as pilot in one hospital (Heliopolis Hospital) as a trial phase to work out any problems that may arise in it. It is noted that although being adopted from the French model the data sheet was adapted to match the culture in Egypt and become more sensitive to the type of addicts available within the Egyptian community.

Finally the data sheet was transformed into a digital system, where hospitals have the ability to enter the data immediately into a database created for this purpose. All hospital in the Mental Health Secretariat were trained and asked to start entering the relevant patient data in the system in January 2012. This first batch of information produced by the system is expected in Early March of 2012. This system will act as the nucleus for all data entry needed to establish the observatory in the near future.

A scientific committee is being put together to aid in the work of the observatory and helps generate pressure on private providers to start entering their data and use the system. In the initial phase a university hospital, a private hospital, and an NGO dealing with addict patients will use this database to enter the needed information about their patients. This pilot will help give a clear multi-sector idea about the addiction problem, and generate enough pressure to make data entry in the database obligatory.

Recommendation of the project

1. The continuation of legal debate about the amendments to narcotics law, and presenting these amendments to the parliament for approval.
2. Revision of other complementary laws that affect convicted addicts in the legal system for any possible amendments.
3. The starting of training courses for attorney general lawyers, judges, and police officers that over looks the anti-narcotics task force for implementation of the new law amendments.
4. Starting of training courses for the therapeutic team in treatment facilities where the convicted addicts will be transferred too on the new law amendments.
5. Increase of number of treatment facilities and increasing its integration with other private institutions and NGOs.
6. Increasing treatment services and facilities to cover new geographical areas where services are not present and needed.
7. Increasing training programs in treatment facilities to reach higher technical levels in new therapies.
8. Acceptance of transfer of involuntary admissions to private hospitals if requested by the addict's family.
9. Increase the number of recovered ex-addicts in treating teams, and including them in training programs.
10. Revision of executive law governing private treating facilities, and better monitoring of licenses given to any private facility of NGO working with addicts.

11. Providing addicts being treated in facilities with the possibility of capacity building in different disciplines and wiping illiteracy.
12. Reform of the service by adapting gender difference issues and direct an aspect of the training to build capacity for management of women who are victims of substance abuse.
13. Building a national database that includes all therapeutic services, service providers, and patient numbers which will help in making political and strategic decisions.

Summary:

Addiction problem in Egypt is steadily increasing and the age of start of use of illicit drugs is decreasing

There is increase in the number of crimes related to substance use and addiction with special increase among female prisoners.

Substance use disorders are not specifically mentioned in any of the articles of the Egyptian Mental Health Law 71/2009; its executive memorandum needs to be clear that addiction is part of mental disorders and clearly defines the criteria for involuntary addiction services.

The narcotic law 122 of 1989 is almost unused and suggestions to modify certain articles was discussed and proposed during the meetings.

The governmental expenditure on the mental health services is very limited while the needs are significantly escalating especially in addiction services where both addicts and crime related to addiction increased.

Both governmental and private sector suffer insufficiency in the capacity of services, trained human resources regarding the addiction treatment services.

Stakeholders (patients, their relatives, service providers, judges, prosecution agents) need more awareness, training and trust in both mental health law and narcotic law.

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