

# Substance use disorder: A growing but understudied mental health condition

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Substance use is a growing but under-highlighted public health issue in Saudi Arabia. Between 3% and 7% of Saudis are illicit drug users, and the Saudi government spends, on average, 3.6 billion riyals annually for their treatment and rehabilitation. Most of the users (70%) are young (age: 12–22 years).<sup>[1]</sup> Substance use among Saudi females is on the rise, and the data show that the proportion of women has increased by 20% in the past few years. Because of the conservative nature of the society and the strict gender segregation, drugs are not as accessible to women as they are to men. Therefore, women are more likely to be addicted to primitive, volatile substances such as glue, gasoline, and shisha.<sup>[2]</sup>

Substance use disorder (SUD) is a medical condition in which the use of substance(s) leads to clinically significant impairment or distress.<sup>[3]</sup> The most commonly abused substances in Saudi Arabia are amphetamines, heroin, alcohol, and cannabis, and a majority of the users are addicted to multiple substances.<sup>[4]</sup> The published literature on SUD in Saudi Arabia is deficient in terms of methodology as well as the coverage and depth of issues pertaining to addicts themselves and to their family members. For example, most studies on SUD enrolled only patients and did not have a control group,<sup>[5-9]</sup> which limited them from identifying risk factors for SUD. Studies from elsewhere in the world show that family aspects (e.g., parents' marital status, parental drug use, child abuse, parenting style, relationship quality, and communication between parents and child) and religiosity play important roles in the substance use of adolescents and young adults.<sup>[10,11]</sup> These, along with factors unique to Saudi society (e.g., large family and multiple wives), need to be assessed in relation to SUD in Saudi Arabia with an appropriately designed study.

Saudi studies have only minimally explored users' experiences with drugs. The only information available are types of substances being used, number of substances (single vs. poly use), and method of administration (inhalation, ingestion, or injection).<sup>[4]</sup> What is missing is information related to

motivations for drug use, factors that enable initiation of use (peer pressure, media, family enabling behavior, age at first use), drug culture (availability, cost, network), knowledge and experience of adverse effects of drug (overdose, signs and symptoms), and treatment-seeking behaviors (cessation attempts and relapses).

Family members are affected in a multitude of ways (e.g., shame, self-blame, stress, depression, financial burden, breaking up of the spousal relationship, and physical violence) when there is an addict in the family.<sup>[12]</sup> There is one Saudi qualitative study that dealt with this particular dimension of addiction, but it was published in Arabic, and as a result, its findings are not known to the wider scientific community.

Saudi society has been deeply traditional and religiously conservative, sustained by the Islamic principles of balance, restraint, and modesty. Its values are being challenged in this information age, where countries are connected in the virtual realm to western cultures that promote individual identity, glorify drug use, and peddle pop culture. Saudi youth is highly affected by this clash of cultures. They are increasingly alienated from their relatively more traditional parents, and it is in this vacuum where societal problems like substance use arise. Parents and children no longer understand one another, children do not look to their parents as role models, and parents cannot adapt to the fast-changing culture. It is safe to assume that most parents try to do what is in the best interest of their child, but because of the generation gap, they behave in ways that enable their child to continue their substance use.

In conclusion, large epidemiological studies on addiction are needed, particularly for SUD. Such studies could evaluate risk factors for SUD, such as those that arise from the family environment, the effects on family members from having an addict in the family, and the experience and perspectives of addicts themselves. These types of studies can benefit the community by generating findings that can be disseminated

through education and awareness campaigns so that future parents are better informed and better equipped to deal with substance use in the family. Furthermore, this information can be used as the basis for developing and testing interventions aimed at preventing drug initiation, reducing harm, and improving and tailoring rehabilitation.

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