Dear Editor,

The continuous collection, analysis and interpretation of the health data required for the creation, implementation and evaluation of community health strategies has a very important place in the health system (1). As in many cases, these studies in substance use disorders (SUD) are important in terms of making new plans. The most prominent centers in the treatment of SUDs in our country are the Alcohol and Drug Addiction Treatment Center (AMATEM). In AMATEM units, it is possible to determine the disease-related profiles of the patients who are being treated, to determine the treatment efficiencies and to make new plans. The data of AMATEM clinics may vary according to the place of study samples and the years of study. Substance use characteristics may change in the following years (2). According to our literature review, we could not reach a study presenting the AMATEM data of Adiyaman province as a comparison of the following years. In this study, we aimed to compare AMATEM patients who applied to our hospital in 2017-2018.

Our study was planned retrospectively. Patients who met the diagnostic criteria of SUD according to DSM-5 and who had at least one substance in their urine toxic screenings were included in the study from the patient registry system. Diagnosis categories were determined: opiate use disorder (OUD), cannabis use disorder (CUD), alcohol use disorder (AUD), stimulant use disorder (SUD), hallucinogen use disorder (HUD), inhalant use disorder (IUD). Thirty-two of 2017 and 66 of 2018 applicants were excluded from the study. In this study, the number of patients in the study was based on the number of patients in the AMATEM outpatient clinic. Ethical committee approval was obtained from the Ethics Committee for non-interventional clinical trials of our university for this study (2019/3-5).

The number of applications received for the evaluation was 211 for 2017 and 401 for 2018. Two hundred and two (95.7%) of these applications belonged to men, 9 (4.3%) belonged to women in 2017, 392 (97.8%) belonged to men and 9 (2.2%) belonged to women in 2018. The average age of all applications was 26.09±7.87 years for 2017 and 25.75±6.90 years for 2018. There was no significant difference between the sex ratios of the two years (p=0.585). In the comparison of 2017 and 2018, OUD rates were similar (p=0.140). There was no significant difference in age between the alcohol group and all other diagnoses in both 2017 and 2018 (p=0.000). There was a significant difference in age between the alcohol group and all other diagnoses in both 2017 and 2018 according to the substance type (p<0.05). In the OUD group, the past application rate was higher in both 2017 and 2018.
and 2018 (p=0.000). There was no significant difference between 2017 and 2018 in the comparison of past applications (p=0.288). In 2017, 80 (37.9%) negative urine test were detected in the application, while in 2018 there were 86 (21.4%) negatives in the application (p=0.000). The rate of opiate positivity was 25.6% in 2017 and 14.7% in 2018 (p=0.000). While buprenorphine positivity was 18.00% in 2017, it was 36.7% in 2018 (p=0.000). Buprenorphine+opiate positivity was 7.6% in 2017 and 17.5% in 2018 (p=0.000).

In this study, AMATEM applications for 2017-2018 were evaluated. The percentage of men obtained was consistent with the information in the literature. Asan et al. (3) reported the male ratio as 93.7%; Gokcearslan et al. (4) reported as 93.1%. In our study, the mean age of the AUD group was significantly higher than the other groups. Savasan et al. (5) reported the AUD diagnosis ratio as 78%; Karaagac et al. (2) reported as 37.2%; Bulut et al. (6) reported the AUD ratio as 46.8%. In our study, this rate was only 4%. According to the report of General Directorate of Security in Turkey in 2017, 12,932 heroin incident occurred (an increase of 58.1% compared to 2016) (7). According to one study, the ratio of patients who applied for the treatment of heroin use in Ankara AMATEM to all patients was 8.7% in 2004 and it was reported that this ratio increased to 38% in 2009. In this study, 2% of the young people under the age of 18 who were hospitalized were using heroin in 2004 and this figure was found to be 47% in 2009 (8). These results show that the substance use characteristics of individuals change over time and are determined by external factors. Over the years, the difficulties or conveniences experienced in achieving the substance, the state policy, the changes in the drug production areas, the market shares of the substances, the powers dominating the substance market are some conditions affecting the substance orientation (9-12). In our study, the age of substance use was almost immediately after puberty. Adolescence is a process of transition from childhood to adulthood. In addition to the biological changes, the adolescents who are psychologically different are at a risky position due to some features specific to this period. It is especially important for a few years after high school and high school. It is important to pay attention to overcome this risky period in the lightest way by means of various policies which are unique to these periods (10).

As a result, this study shows that SUD is felt intensively at the age when the lack of impulse control due to puberty, applications to AMATEM policlinics are largely related to opiates, and BN combination is frequently prescribed in patients with opiates, and patients with BN associated with repetitive applications to the policlinics are intensified. Studies are needed to clarify the aetiology of SUD and related situations and to determine their prevalence.

Conflict of Interest: No conflict of interest was declared by the authors.
Financial Disclosure: The authors declared that this study has received no financial support.

REFERENCES


