16. Have you been arrested for possession of illegal drugs? 1☐Yes 2☐No

If your answer is yes, please answer following questions.

1) When were you arrested for the first time for possession of illegal drugs? At the age of_____

2) What was the result of the first arrest? Please describe in your words.

17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

1☐Yes 2☐No

18. Have you had medical problems as a result of your drug use (e.g.,. memory loss, hepatitis, convulsions, bleeding, etc.)? 1☐Yes 2☐No

19. Have you gone to anyone for help for a drug problem? 1☐Yes 2☐No

20. Have you been involved in a treatment program especially related to drug use? 1☐Yes 2☐No

This is the end of the questionnaire. We are deeply grateful for your cooperation.

AGREEMENT TO PARTICIPATE IN

The research study "Comparison of substance use disorder treatment between Hawaii and North Kyushu"
Conducted in Hawaii by Hiroaki Harai M.D.
Hizen National Mental Hospital in Japan
e-mail: hharai@cup.com phone +81-952-52-3231 fax+81-952-53-2864

PROJECT DESCRIPTION

Purpose:

The problem of drug-related disorder is world wide, and has a long history. Japan has enjoyed relatively low prevalence of drug related problems, except during the chaotic postwar period. During the last two decades, however, the number of arrests for possession of illicit drugs is increasing. Treatment facilities and resources are scarce in Japan, and there is no agreement among professionals regarding optimal treatment for people suffering from drug use disorder. For example, there is only one NA meeting in Kumamoto Prefecture, where my affiliated hospital is, even though Narcotics Anonymous has been operating in Japan for 10 years. This prefecture has a population of 1.8 million. There are psychiatric beds designated mainly for drug users, but they do not provide any treatment specific to drug use disorders.

The Japanese Ministry of Health and Welfare acknowledges this problem. We believe that there are many things to be learned from the experiences in the U.S.A., despite apparently large differences in drug of choice, route of drug use, price, legal system, health care provision, and culture in general between these two countries. Our research aims at answering the question whether Japanese therapists can learn from the experiences in the U.S.A. This part of our research will study the similarities and differences in Japanese and American drug treatment populations, to demonstrate that the treatment approaches provided in the U.S.A. are generalizable to the Japanese population.

Subjects:

Subjects will be clients who seek treatment for drug-related disorders in Hina Mauka in Hawaii, and the Northern Kyushu in Japan. The Kyushu sample is being recruited mainly in Hizen National Mental Hospital.

Method:

Semi-structured interview by trained psychiatrists and self-report questionnaire. Approximate time: interview will take 30 minutes, self report will take 15 minutes.

Confidentiality:

This is a population-based survey focusing on group characteristics. No individual information will be used in the reporting of research findings. Strict confidentiality will be maintained in accordance with federal guidelines 42 C.F.R. Part2.

Benefits:

No monetary reward is provided.

The results of the study will increase our knowledge of drug use disorders and their treatment, and in this way would benefit people suffering from drug use disorders.

Serial # ☐☐☐

I certify that I have read and that I understand the foregoing, that I have been given satisfactory answers to my inquiries concerning project procedures and other matters and that I have been advised that I am free to withdraw my consent and to discontinue participation in the project at any time without prejudice.

Date_____month_____2000

Name in full (Print) _____

Signature _____

Any inquiries should be directed to Hiroaki Harai M.D.
Hizen National Mental Hospital in Japan
e-mail: hharai@cup.com phone +81-952-52-3231 fax+81-952-53-2864

HINA MAUKA

ADULT TREATMENT PROGRAM

Consent for the Release of Confidential Information

I, _____, authorize
(Name of client)

HINA MAUKA
(Name of program making disclosure)

to disclose to Hiroaki HARAI M.D.
(Name of person or organization to which disclosure is to made)

the following information: Demographic and clinical assessment information
(Nature of the disclosure, as specific as possible)

The purpose of the disclosure authorized herein is to:
To conduct research as described in the attached agreement
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patients Records, 42 CFR Part 2 , and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

6 MONTHS FROM DATE SIGNED
(Specification of the date, event, or condition upon which this consent expires)

Dated:_____month_____2000 _____
(Signature of client)

Research proposal of "Comparison of substance use disorder treatment between Hawaii and North Kyushu"

Tuesday, January 25, 2000

Objective:

The problem of drug-related disorder is world wide, and has a long history. Japan has enjoyed relatively low prevalence of drug related problems, except during the chaotic postwar period. During the last two decades, however, the number of arrests for possession of illicit drugs is increasing. Treatment facilities and resources are scarce in Japan, and there is no agreement among professionals regarding optimal treatment for people suffering from drug use disorder. For example, there is only one NA meeting in Kumamoto Prefecture, where my affiliated hospital is, even though Narcotics Anonymous has been operating in Japan for 10 years. This prefecture has a population of 1.8 million. There are psychiatric beds designated mainly for drug users, but they do not provide any treatment specific to drug use disorders.

The Japanese Ministry of Health and Welfare acknowledges this problem. We believe that there are many things to be learned from the experiences in the U.S.A., despite apparently large differences in drug of choice, route of drug use, price, legal system, health care provision, and culture in general between these two countries.

Our research aims at answering the question whether Japanese therapists can learn from the experiences in the U.S.A. This part of our research will study the similarities and differences in Japanese and American drug treatment populations, to demonstrate that the treatment approaches provided in U.S.A. are generalizable to the Japanese population.

Research Organization:

The principal investigator is Hideyuki Uchimura M.D. Ph. D, the director of Hizen National Mental Hospital. The research group is consisted of six investigators. Following is the list of the investigators and their assigned research topics

Masaru Murakami M.D. Director of Hizen National Mental Hospital
The development of treatment program in the hospital setting and the data collection in Japanese site using Hizen Substance Use Disorder Schedule

Hiroaki Harai M.D. Section Chief in Psychiatry, Co-director of Division of Clinical Research in Kikuti National Hospital
The development of Hizen Substance Use Disorder Schedule, the search and review of literatures, the international comparison, and the data collection in Hawaii site

Hirofumi Uchida J.D. Professor of Law School, University of Kyushu
The research on legal system

Tsuneo Kondo (Bruce) CEO of Japanese Drug Addiction Rehabilitation Center
The research on the treatment centers, Drug Addiction Rehabilitation Center

Kenji Suzuki M.D. Section Chief in Psychiatry in Kurihama National Hospital, Japanese Center for Alcohol related disorders
The drug addiction problem in adolescent population

Masatake Shimono M.D. Director of Mental Health and Welfare Center of Fukuoka Prefecture
The research on Community treatment program

Dr. Harai is responsible for the research in Hawaii.

Subjects:

Subjects will be patients who seek treatment for drug-related disorders in Hawaii and the Northern Kyushu in Japan. The Kyushu sample is being recruited mainly in Hizen National Mental Hospital. Currently 53 patients cooperated with our research. This is an ongoing research. We are planning to carry out follow-up studies.

This project started on September 1998. Patient recruitment started February 1999 in Japan.

Method:

Semi-structured interview by trained psychiatrists. HSUDS (Hizen Substance Use Disorder Schedule) is developed for the purpose. It will take 30 minutes of personal interview, and 15 minutes of self-report questionnaire.

Confidentiality:

This is a population-based survey focusing on group characteristics. No individual information will be used in the reporting of research findings. No individual information will be released outside of the study group.

Other:

Benefits: No monetary reward is provided. Subjects are expected to volunteer to participate this study.

Potential discomforts and risk: No discomfort or risk is expected. This is not an experimental study.

Attachments:

1) Sample of Interview Form
2) Sample of Self report form
3) Sample of Informed Consent Form
4) Photocopy of Dr. Harai's qualification documents

III. 外国人研究者招へい事業報告

研 究 実 績 報 告 書

(様式 9)

[外国人研究者招へい事業]
(医薬安全総合研究推進事業)

研究実績報告書

1. 招へいされた外国人研究者

所属・職名　(和文)：ハワイ大学医学部精神科助教授　嗜癖精神医学プログラム主任
(英文)：Associate Professor, Program Director, Addiction Psychiatry, Department of Psychiatry, School of Medicine, University of Hawaii

氏　　名　(和文)：ウィリアム F ハニング三世
(英文)：William F. Haning III

2. 招へい申請者

所属・職名　：　国立肥前療養所所長
氏　　名　：　内村　英幸

3. 受入研究者

所属・職名　：　国立肥前療養所所長
氏　　名　：　内村　英幸

4. 招へい期間　：　平成 12 年 2 月 29 日～平成 12 年 3 月 13 日　(14 日間)

5. 研究課題　：　中毒者のアフターケアに関する研究　(H11 医薬 062)

6. 研究活動の概要

3 月 1 日，2 日は国立肥前療養所，福岡県精神保健福祉センターにおいて厚生科学研究補助金　医薬安全総合研究事業「中毒者のアフターケアに関する研究(H11 医薬 062)」の研究者のメンバーを交えて物質使用性障害に関し意見交換を行った。

講演会を 6 回，以下の日程で行った。

3 月 4 日に長崎県伊王島にて九州アルコール関連問題学会の関連事業の一つとして参加者 100 名

3 月 6 日に国立肥前療養所にて参加者 50 名

3 月 7 日に熊本県精神保健福祉センターにて参加者 80 名

3 月 8 日に福岡県精神保健福祉センターにて参加者 120 名

3 月 11 日に厚生科学研究補助金　医薬安全総合研究事業「中毒者のアフターケアに関する研究」班及び「薬物乱用・依存などの疫学的研究及び中毒性精神病患者などに

対する適切な医療のあり方についての研究」班合同研究報告会にて参加者 70 名

3 月 12 日に中央大学駿河台記念館にて参加者 200 名

それぞれ講演会を開催した。対象者は精神保健従事者，嗜癖精神医学研究者，一般大衆，回復者と幅広い。聴衆に合わせて啓蒙目的，米国での現状報告，研究の紹介を行った。

7. 研究課題の成果

ハニング助教授の来日，意見交換によってつぎのようなことが明らかになった。

1. 物質使用性障害に関する 10 代を対象とした予防教育について，日本でも関心が高く，高校を中心に講演会などが催されるようになった。しかし，こうした講演会でのアンケート結果などを見る限り，薬物による健康被害に対する啓蒙を目的とした単発の講演会による将来の薬物乱用問題に対する予防効果はあまり期待が持てない。アメリカでは既にこうした知識啓発を主眼とした講演や学習は将来の薬物乱用問題予防の効果がないことが，対象群を置いた長期追跡研究によって分かっていることが分かった。知識啓発よりも日常生活での対人関係の持ち方に対するスキルトレーニングやクラスメート同士の中で問題のある生徒に対処していけるようにするピアカウンセリングなどの手法が必要であることが分かった。
2. ハワイ州，アメリカ西海岸では覚醒剤(Meth-amphetamine)がアルコールについで乱用・依存のトップにあることが分かった。こうした乱用の広まりについて覚醒剤使用の経路の変化，すなわち，静注から吸入，更に加熱して吸煙するという方法の変化が乱用や依存の進行に寄与していることがアメリカの 3 都市の疫学調査からわかった。一方，経路の差では暴力や誘発性精神病性障害には違いが起こらないことが分かった。

   アメリカにおいても覚醒剤使用者による急性精神病状態に対する対応，治療体制の確立が火急の問題になっていることが分かった。覚醒剤による依存を含む精神障害の自然史，精神病性障害の診断の問題など日米ともに精神医学上の未解決の問題を抱えていることが分かった。
3. 嗜癖性物質の法律的扱いについてアメリカでの禁酒法とその後の経験についての説明があった。物質の所持，使用，売買を犯罪化することによっては薬物乱用者・依存患者の発生を十分に防止することはできないこと，また一旦生じた依存者の回復についても犯罪化することによっては結果は変わらないことが分かった。一方，公衆衛生の観点からは，薬物の流通について犯罪化することによって全体の発症率を減らすことができることが分かっていることが示された。
4. 覚醒剤使用については日本の過去の精神病理学的研究への関心がアメリカでも高い。しかし，日本の研究手法が個々の患者の横断的観察の域を出ておらず，物質使用と精神病エピソードの因果関係を解き明かすために必要な前向きコホート

研究が行われていない。多数例を対象にした横断的調査では，発生する症状の頻度について覚醒剤使用経験のない精神分裂病と覚醒剤使用経験のある精神病者との間について差があるものの，臨床場面で患者一人を対象としたときに鑑別することは事実上不可能である。研究手法について改善する必要があることが痛感された。

このうち外国人研究者を招へいしたことのよって得られた成果は次の事柄である。

1. 九州地域ではアルコールについての関心は比較的高いが，薬物依存の研究者，治療者は片手に満たない。九州アルコール関連問題学会に参加した医療関係者に広く呼びかけ，講演会を催すことによって薬物依存への関心を高めることができた。

   熊本県精神保健福祉センター，福岡県精神保健福祉センターにても教育，司法関係者を含めた広い聴衆を集めることができ，今後の物質使用性障害対策に寄与したと考えられる。

2. 厚生科学研究補助金　医薬安全総合研究事業「中毒者のアフターケアに関する研究」班及び「薬物乱用・依存などの疫学的研究及び中毒性精神病患者などに対する適切な医療のあり方についての研究」班合同研究報告会にてハニング助教授の助言・発言が聴衆に歓迎された。ハニング助教授のコメントとして，自助グループの必要性と，回復者カウンセラーの必要性と彼らに対する精神医学的・臨床心理学的トレーニングと資格認定の必要性，疫学的・介入研究における統計専門家をもつことの必要性，研究体制・研修体制をつくるためには数年かかりの展望とマンパワーが必要なことが指摘された。他に，物質乱用は一面，精神作用性物質の生産，輸入(密輸)，販売，マネーロンダリングに関連したことでもあり，治療は医療経済上の利益も考慮する必要があるので，経済学者を研究協力者として参加させることが望ましいという意見を得た。

   今後のわが国での物質使用性障害に関する研究の進歩に寄与したと考えられる。

3. ハワイは米国でも多数の民族が交じり合って生活しており，比較文化精神医学についての関心が高い。ハワイ大学精神医学の主任教授アンドレイド博士も日本との共同研究に関心があり，今後も関係を継続することについて同意が得られた。American Society of Addiction Medicine (アメリカ嗜癖医学会)との連携をつくることも話し合われた。ハニング助教授の推薦により，分担研究者である原井宏明がASAMの会員資格，嗜癖専門医師の認定医資格を取得する予定である。

4. 中学生・高校生を対象とした物質関連性障害に関する疫学調査を共同で行うことについての同意が得られた。

8. 外国人研究者のレポートは，別添のとおりである。

Comparison of Aftercare for Addiction between USA and Japan and Recommendation for Japanese Counterparts

WM. FREES HANING, III, M.D., F.A.S.A.M.
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Here follows a report of my involvement with the Research Group: It is divided into three sections:

1) Hawaii-based work and Japanese lecture/symposium tour of 29 February-13 March 2000.
2) Recommendations
3) Attachments:
   (A) Abbreviated C.V., Dr. Haning
   (B) Hawaii Chemical Dependency Treatment – sample notes of briefing, 11 March 00

Introduction:
Dr. Hiroaki Harai first proposed a research relationship in June, 1999, based on advice from Dr. N. Nishimura. This led to a specification of available resources for study in Hawaii; and, later, to an invitation for me to participate in a lecture series in Japan. Dr. Harai's report of his activities while working with the University of Hawaii John A. Burns School of Medicine is filed separately. My own qualifications are summarized in an abbreviated C.V., attachment (A). For orientation, I will describe my duties and present connections as this: I am the academic program director in addictions at the University of Hawaii John A. Burns School of Medicine, a task which entails training of medical students, residents, addiction fellows, community physicians, and visitors from other facilities. My clinical duties include being chief of inpatient psychiatric services at Hawaii's main community hospital, the Queen's Medical Center (600 beds), chief of addiction psychiatry at the state's sole mental hospital, Hawaii State Hospital (<200 beds), and medical director of a private not-for-profit residential addiction treatment program, Hina Mauka (42 beds). Unrelated duties which contribute to my understanding of mental illness include being a Naval Reserve Captain and commanding officer of the naval reserve medical forces in Hawaii; president of the board of directors of Hawaii's main AIDS service organization; president of Hawaii's professional association for psychiatrists (HPMA); president of Hawaii's professional association for addictionists (HSAM). Research duties have only recently became feasible, and include the following:

Japan-Hawaii Research Collaboration Possibilities:
My own research group is presently engaged in three pursuits:

1. Assessment of an integrated psychosocial rehabilitation scheme with outpatient community follow-through, for those with severe comorbidity (e.g., schizophrenics with addictions) – University of Hawaii independent research pursuit
2. Outpatient (office-based) management of detoxification and opioid agonist therapy for opioid (heroin) dependence, using methadone, LAAM, and buprenorphine – Robert Wood Johnson Foundation Grant, pending approval
3. Clinical trials for management of methamphetamine dependence (pharmacotherapy to be determined; possibly bupropion, selegiline) – University of California at Los Angeles (UCLA) collaboration, with the National Institutes of Drug Abuse

Lecture/Symposium Tour, 29 February-13 March 2000
Dr. Vivian Ishimaru-Tseng, Assistant Professor, Ms. Deborah Goebert, Instructor, and I collaborated in devising a program of presentations centering on the areas that appeared to be of greatest concern to the Ministry of Health at this time, and which were proposed by the Hizen and Kikuti National Hospitals research consortium: methamphetamine abuse/dependence, and hospital-based treatment programs. Seven sessions were presented in Nagasaki, Fukuoka,

Kumamoto, and Tokyo, to mixed audiences including mental health hospital and inpatient staffs, members of the research group, and the general community. A sample of one such presentation, given in part at the grant program debriefing in Tokyo 11 March 2000, is attached in outline form (B).

I was hosted throughout the visit by Dr. Hiroaki Harai, M.D., of the Division of Clinical Research, Kikuti National Hospital, who provided expert translation.

Sites of presentations included:
01 March 00
Hizen National Mental Hospital (HNMH): meeting/discussion with staff.

02 March 00
Research group meeting at the Fukuoka Prefecture Center of
Mental Health and Welfare, symposium.

03-04 March 00
Annual Congress of the Kyushu Association on
Alcohol Related Problems, lecture/workshop.

06 March 00
Research group meeting at HNMH, and grand rounds.

07 March 00
Morning, Kikuti National Hospital, in suburb of Kumamoto city: meeting/discussion with staff in
Kikuti National Hospital.
1:00 PM, Seminar in Kumamoto City, Mental Health Clinic.

08 March 00
Fukuoka Prefecture Center of Mental Health and Welfare:
1:30 PM lecture at the center.

09 March 00
Informal discussions with Dr. Mayumi Ataka and staff of the Prefectural Center

10-11 March 00
Debriefing session of the grant program in Ichikawa City; discussion and lecture.

12 March 00
Lecture for general public, Chuou University; sponsored by D.A.R.C.
(Departure 13 March 00 to Honolulu)

Areas of Concentration:

As noted, I focused our university's presentations on two topic areas: General Principles of Treatment for Chemical Dependence in the Public Health/Hospital Setting, in 2000; Methamphetamine Pharmacology, Dependence and Intoxication Phenomenology, and Intervention Strategies. The audiences were uniformly engaged and responsive, and were clearly comprised of the best trained and most committed of the public psychiatry community. Areas of inquiry which were developed for future presentations included but were not limited to:

- Forensic initiatives (e.g., "drug courts") and the legal response to drug use disorders in the United States
- Impaired health care providers (doctors with addictions)
- Pharmacotherapy innovations
- Training techniques for staff crossing over (i.e., mental health professionals learning substance dependence management skills; substance abuse counselors needing a more sophisticated grounding in mental illness comorbidity)
- Integrated treatment strategies for comorbidity
- Current research initiatives

Recommendations:

1. The creation of a cadre of professionalized addiction physicians is very much in the interest of a national drug control policy. To that end, may I suggest that you pursue training and certification of your more experienced psychiatrists working in the field of substance abuse, toward the end of establishing standards for certification and a professional association within Japan? I have encouraged Dr. Hiroaki Harai to apply for Certification in Addiction Medicine by the American Society of Addiction Medicine (ASAM). I am a Fellow of the Society, and President of the Hawaii Society of Addiction Medicine. ASAM is the larger of the two professional groups for physicians in addictions (the other is the American Academy of Addiction Psychiatry), and the only professional association which also administers a certifying examination with a practice or fellowship requirement. There is also a subspecialty examination in Addiction Psychiatry offered by the American Board of Psychiatry and Neurology, but this requires sitting for the General Psychiatry Specialty Certificate first, and is needlessly arduous.
2. The debriefing presentations were excellent. They suffered from one deficit common to American addiction research some years ago, however, omission of statistical reliability citations and a careful analysis of covariables. May I suggest that this could be the next area of improvement in research design? As I discussed with Dr. Harai, there are many good statistical non-medical resources which could be explored, and could include actuarial and economic faculties at your own universities. Alternately, most American medical schools including my own employ research statisticians to aid in managing data acquisition and organization.
3. You appear to have fostered a relationship of trust with those working in the addictions field outside of the National Hospital system (e.g., D.A.R.C.). This is a step that it took us many years to make, and we have still not completely closed the schism. May I suggest that you build on this by encouraged continued exchange of services, not merely education, to ensure that the needs of the dually-diagnosed (severely mentally ill with addictions, or "comorbid" population) are met? Apparently you already have some casual visitation of some of the facilities by prefectural clinical psychological staff, and this could be expanded.

Again, thank you most sincerely for this wonderful opportunity. I can only hope that it was seen as useful, and further that we may be of future use.

ABBREVIATED C.V.

William Haning, MD, is a 50 year-old graduate of Princeton University and of the John A. Burns School of Medicine (University of Hawaii). He is on the Faculty of the Department of Psychiatry, John A. Burns School of Medicine as an Associate Professor, and is Director of the Addiction Psychiatry Residency Program. Medical Director of Behavioral Health Services at the Queen's Medical Center (chief of psychiatric inpatient services) and Director of Addiction Psychiatry at Hawaii State Hospital, he is also Medical Director of Hina Mauka, a residential treatment facility concentrating in addictive disorders complicated by other illnesses. He is a diplomate of the American Board of Psychiatry and Neurology in both General Psychiatry and Addiction Psychiatry. Certified in addiction medicine by the American Society of Addiction Medicine in 1991, he was appointed a Fellow of the Society in 1997. He is fortunate to have received several academic awards, most recently the APA Nancy Roeske, MD Award for excellence in teaching.

Dr. Haning holds several professional association memberships and community service posts, including: Commanding Officer of the Naval Reserve medical unit in Hawaii; past Chair of the Hawaii Chapter of the American Society of Addiction Medicine and present President of the Hawaii Society of Addiction Medicine; President of the Hawaii Psychiatric Medical Association; Past President of the Medical Staff of Hawaii State Hospital; President of the Board of Directors of the Life Foundation (the AIDS service organization of Hawaii, on Oahu); and member of the Physicians' Health Committee of the Hawaii Medical Association. He is a Naval Reserve Medical Corps Captain, former Chair of the Governor's commission on drug abuse (HACDACS), and former Medical Director of the Tri-Service Alcoholism Recovery Facility, Tripler Army Medical Center. He consults to the Board of Medical Examiners of the State of Hawaii and to the Department of Veteran Affairs, and has provided trial testimony in criminal and civil cases, in state, federal, and military courts.

Areas of interest, publications, and public presentations center on: drug use disorders in health care professionals, psychiatric co-morbidity in patients with drug use disorders, HIV neuropsychopathology, and pharmacology of drugs of abuse. Dr. Haning is the source of support of a small shy blonde dog, Sydney. He packrats books and some art, but has little life outside of daily running and weightlifting.

Hawaii
Drug & Alcohol
Addiction Management

Kikuti & Hizen National Hospitals Research Group, March 2000
Wm. Haning, M.D.,FASAM
Program Director, Addiction Psychiatry
University of Hawaii
John A. Burns School of Medicine

"I get no kick from cocaine. Mere alcohol doesn't thrill me at all. But I get a kick out of you"

- Cole Porter

Obligatory Learning Objectives

- ▲ To identify the size & nature of the problem
- ▲ To identify obstacles to solution of the problem
- ▲ To identify resources for solving the problem
- ▲ To identify what is effective in treatment

Size & Nature of the Problem

(Focus: Methamphetamine [MAP])

Pat Morgan, NIDA 1994

>Approximately 1200 addicts at 3 sites

>Data collection 1993-94

>Combination ER, Hospital, Outpatient Clinic Populations

Surveys of Use Patterns: Implications

- ▲ Surprisingly, consequences of actual use to the individual did not differ markedly by route of use
- ▲ Conversely, rates of dependence do appear related to route of administration, at least with inhalation; so epidemic spread is more likely

MAP Stats, QMC '88-95

MATTT January 2000, NIDA

(Methamphetamine Addiction Treatment Think Tank)

Obstacles to Solution of the Problem

Epidemiology of Methamphetamine Abuse in Hawaii

- ✦ Drug of choice (following ETOH) in smokable form
- ✦ One major emergency department (QMC):
  - One per day 1998 (2-4 by 2000)
  - Majority admitted
- ✦ Consultation liaison (med/surg setting): 11% of evaluations
- ✦ Inpatient psychiatry: 33% of admissions
- ✦ Inpatient treatment facility:
  - 63% of patients have some experience of MAP
  - Of which, 21% methamphetamine-induced psychosis
- ✦ Transitional housing: 95% of households
- ✦ Prison: at least 43% of inmates

MAP Usage Representation
QMC, by year - 1988-95
Inpatient Psychiatry

- From 1987 to 1995, 16-fold increase in the number of methamphetamine abusers (2% to 31%)
- 1995-7, relatively stable with 30-40 new methamphetamine-related admissions per month (doubling/tripling 1998-2000)
- Compared to non-abusers, more likely to be:
  - Young
  - Male
  - Violent
  - Readmitted
  - Correctly classify 90%
- Compared to other substance abusers, more likely to be:
  - Admitted involuntarily
  - Psychotic
  - Correctly classify 78%

Inpatient Psychiatry (Continued)

- Of methamphetamine-related admissions
  - 40% diagnosed with amphetamine-induced psychosis
  - 32% diagnosed with schizophrenia and methamphetamine addiction
  - 28% diagnosed with substance-related disorders
- 15% on medication at time of admission (primarily antipsychotics)
- 96% on medication during inpatient stay

Inpatient Psychiatry Medications

- 85% placed on antipsychotics
  - 35% haloperidol
    - 61% of those with methamphetamine-induced psychosis
    - 21% of schizophrenic methamphetamine users
    - 15% of those with a substance-related disorder
  - 17% risperidone
    - 17% of those with methamphetamine-induced psychosis
    - 20% of schizophrenic methamphetamine users
  - 7% perphenazine
    - 20% of schizophrenic methamphetamine users

Consultation-Liaison

- 11% of all evaluations (significantly higher than 8% in San Diego study by Baberg, Nelesen & Dimsdale, 1996)
- Between 48 and 55 patients per year
- Compared to non-methamphetamine users, more likely to be (similar to study by Baberg, Nelesen & Dimsdale, 1996) :
  - Young
  - Male
  - Unemployed
  - No insurance or public assistance
  - Medical diagnoses
    - Self-inflicted injury (suicide attempt or poisoning)
    - Violence-related injury (open wound or fracture)
- Primarily substance-related disorders (83%)
- Methamphetamine-induced psychosis (11%)

Consultation-Liaison Medications

- 44% received no medications
- 23% placed on antipsychotics
  - 11% haloperidol
  - 10% risperidone (estimated)
  - 2% perphenazine
- 9% placed on benzodiazepines
  - 5% lorazepam
  - 3% diazepam
  - 1% chlordiazepoxide
- 9% placed on antidepressants
  - 6% trazodone
  - 3% fluoxetine

Adolescent Developmental Injury

- **Diagnostic criteria for abuse versus dependence are unclear for children and adolescents**
- **It almost doesn't matter, because the impact is at least as severe with both abuse and dependence, as it is for those with schizophrenia; although for different reasons**
- **Developmental difficulties arise in four major areas**
  - **Friendships**
  - **Sex**
  - **Occupation**
  - **Family relations and independence**

Professional Roles in Treating the Addict

- ▲ **Mental Health Professionals**
  - – Degreed & Licensed
  - – Not identified patients
  - – Addiction secondary to psychopathology
  - – Perceive counselors as unsophisticated, punitive, and narrow
- ▲ **Substance Abuse Counselors**
  - – May be licensed, commonly not licensed
  - – Commonly former patients
  - – Addiction treatment primary
  - – Perceive MH professionals as arrogant, entitled, and enabling

Alcohol Consumption Distribution, U.S.

ARCHITECTURE OF CARE SYSTEMS

- ▲ **Sites (structural):**
  - – Urban community hospital
  - – State long-term/forensic facility
  - – Dedicated CD treatment facility
- ▲ **Payment systems (kinetic):**
  - – Risk amortizing (public and private)
  - – Means dependent
- ▲ **Tasks (teleological):**
  - – Social benefice
  - – Task support (military, industrial output)
  - – Social control

Policy Viewpoint vs. Subjective Viewpoint

- ▲ **Unfortunately, whatever the impetus is to interrupt drug use, it has little or no relevance to the drug user's motivation to use.**
- ▲ ***Models of compulsive drug use*** **include but are not limited to:**
  - – ***Withdrawal avoidance***
  - – ***Euphoric reinforcement***
  - – ***Cognitive distortion*** **(practical utility becomes imagined utility) - "I must use to work/love/play," etc.**

Models of Intervention

▲ Consequently, there is a tendency to confuse the public health model or epidemiological interdiction (e.g., preventing the spread of AIDS with condoms, spraying mosquitoes to diminish pool of malaria) with the medical model of therapeutic intervention.

▲ Preventing people from using drugs is like preventing them from drinking alcohol. In fact, it's the same thing...

Drug Use Complicating Other Mental Illness ("Co-Morbidity")

Morphea

Eugene-Samuel Grasset, *Morphinomaniac, 1897*

CO-MORBIDITY

("Dual Diagnosis")

▲ Examples of disorders commonly co-morbid with substance use disorders
- **Affective disorders**
- **Thought disorders**
- **Personality disorders**
- **Cognitive deficits**

▲ System approaches
- **Serial**
- **Parallel**
- **Integrated**

Co-Morbidity (continued)

▲ System approaches
- Serial: e.g., hospital followed by residential CD treatment (RTF)
- Parallel: e.g., hospital, attending IOP at off-site facility
- Integrated: e.g., hospital, in-house CD service; or RTF Tx with psychiatric services