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**Special Feature Article**

# The Importance of Confidentiality Protection for Recovering from Drug Addiction

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## Abstract

The use of drugs by patients with addiction is most appropriately seen from the perspective of "solitary self-treatment of an individual who cannot be cured by other people and faces difficulty in daily living". The patients tend to have a low overall self-esteem, to possess a sense of self-denial and shame, and to have a strong sense of anxiety about being abandoned and cannot open their minds to anyone. In recovering from addiction, it is essential to change oneself first in order to enable curing by others by building a trusting relationship with them. Accordingly, " a safe place where the individual can tell the truth (speak one's mind) and where confidentiality is protected" is required. In particular, because the use of stimulants itself is a crime, patients cannot see a doctor out of fear of being reported (notified to the police) despite the need to do so because of their own inability to stop using stimulants. The importance of confidentiality protection was reported in the case studies of "Welcome to outpatient clinic", "LIFE program", "Self-help group (Narcotics anonymous(NA)", and "Drug addiction rehabilitation center(DARC)". Harm reduction provides support for the difficulties faced by a patient, irrespective of whether the patient is using drugs or whether such use is illegal. The underlying basis of addiction therapy is not to "aid patients to stop using drugs" but to "help with difficulties in daily living" that are external to the abuse. The use of drugs by patients with an addiction should be considered keeping the "the symptoms" in mind, which must not be punished as "evil", but used to set patients on the



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path to recovery. Protection of confidentiality is called for as a minimum requirement in the attitude of therapy providers and forms the basic lifeline of therapy. A trusting relationship cannot be built, and recovery cannot be achieved, in a place where confidentiality cannot be protected. "People who can be trusted", and "a place where one feels safe and secure" are necessary for recovery.

**Keywords**: drug addiction, confidentiality protection, therapy, harm reduction

## Introduction.

Recovery from addiction requires openness and honesty, the ability to build trusting relationships with others, and the ability to be healed by others. However, drug addicts are blamed if they honestly admit their reuse. In addition, they may be reported to criminal justice agencies. Therefore, many patients are hesitant to consult or see a doctor. Patients who cannot talk to others about their addiction cannot receive the usual support unless they are guaranteed confidentiality.

In this paper, I would like to consider the importance of confidentiality in the clinical practice of addiction, especially drug addiction.

## I. Background and psychological characteristics of drug addicts

In the background of addiction, there are relationship problems. The author believes that there is a common feature among addicts. Regardless of their age, gender, or substances they use, they can be summarized into the following six items: "low self-esteem and lack of self-confidence," "inability to trust others," "inability to express their true feelings," "strong anxiety about abandonment," " feeling lonely," and "inability to take care of themselves" 6-8).

In general, the drug use of addicts is often regarded as a result of their amusing and pleasure-seeking behavior, and that they deserve and are responsible for their own actions. However, it is surprising to learn that many of these patients have suffered deep wounds from childhood abuse, bullying, and sexual abuse. They cannot talk about them to anyone and suffer in their hearts. It is most appropriate to view drug use by addicts as "solitary self-medication of people who have difficulty in living without being healed by others1)8)."

Their self-esteem is generally low, and they have a strong sense of self-



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denial, shame, and anxiety about abandonment, making it difficult for them to open up to anyone. When they are faced with difficulties they cannot cope with, they do not seek help from others, but have been able to overcome them by changing their moods through drug use alone. In many cases, they have been unable to build trusting relationships with anyone and have lived alone without being healed by others. Naturally, they are more likely to commit suicide5)9)18).

## II. What is important in clinical drug addiction

Recovery from addiction requires a safe place where mistakes are allowed and honesty is encouraged. This is proven by the fact that addicts recover by staying connected to self-help groups and rehabilitation facilities.

Recovery from addiction is "to be healed by others." For this purpose, it is necessary to be able to talk about one's feelings without anxiety, that is, to build trusting relationships and to be healed by others. This is why it is said that addicts cannot recover alone.

If addiction is the result of trying to cope with difficulties alone, then it is necessary for recovery to be able to obtain from others what one has been seeking from drugs. Establishing a trusting relationship should enable the addict to cope with the unpleasant moods of excessive anxiety, tension, insomnia, self-doubt, low motivation, depression, and shame that he or she had previously sought in drugs.

The goal of the therapist/helper should not be to get the addict to stop using drugs, but to eliminate the need to rely on drugs. In other words, "recovery" is a shift from "getting drunk on drugs" to "building trusting relationships with people and being healed." The first step in overcoming distrust of human beings is to be able to talk about honest thoughts and feelings with people without anxiety.

## III. The importance of confidentiality in clinical drug addiction

In order to build a trusting relationship, confidentiality must be maintained for drug addicts in medical and counseling institutions. In particular, the use of illegal drugs such as methamphetamine is a crime in itself. Patients come to see the doctor because they cannot quit, but at the same time they are worried about being reported. This anxiety makes them hesitate to see a doctor. They cannot see a doctor even though they are sick. Even if they could, they would not be able to talk about their honest feelings in peace. They are unable to receive treatment and support when they need it. In such a situation, treatment does not progress and the condition naturally worsens. The role of



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medical professionals is to provide appropriate treatment for the sick, regardless of whether it is illegal or not.

Reporting a patient's methamphetamine use is an abdication of the therapist's role. Treatment is not possible unless the patient is honest about the symptoms of reuse. On the other hand, by welcoming the visit, listening to the patient's concerns, and being sincere, the author has seen recovery occur without the need for a special treatment program.

## IV. From practical examples

1.Practice of "Welcome to the Outpatient Clinic" - Outpatient treatment with emphasis on confidentiality

In outpatient treatment, it is important to (1) appreciate and welcome the patient's visit, (2) listen to the patient's concerns, (3) focus on what the patient wants to do, (4) sort out the problems caused by drug use, (5) provide knowledge about addiction, (6) convey the importance of continuing treatment, (7) take sufficient care to ensure that outpatient treatment continues, (8) suggest hospitalization if necessary, (9) thank the family for their efforts and connect them to family meetings and classes, and so forth7)8).

In addition, it is important to address the issue of methamphetamine use. It is important for patients to feel safe to speak honestly based on a relationship of trust. Medical professionals are not obligated to report methamphetamine use or possession. Whether to report or not is left to the discretion of the psychiatrist. The author guarantees that "reuse of methamphetamine is considered a symptom of addiction and is not reported" in treatment10). This will greatly deepen the therapeutic relationship. Drug reuse is not a "moral problem" to be blamed, but a "symptom" of addiction, and how to deal with it should be considered together. For this purpose, a therapeutic environment in which patients can talk about reuse without hesitation is essential. Confidentiality is extremely important in the treatment of drug addiction.

When outpatient treatment is conducted with this stance, patients can talk about their honest feelings without anxiety, and this can prevent them from dropping out of treatment. For example, while the methamphetamine dependence outpatient retention rate (over a 3-month period) in some specialist outpatient clinics for addiction is reported to be 36-39%3) , our center has been able to increase this rate to 87%11) .

In other countries, it has been demonstrated that a high rate of continuation of treatment is reflected in the recovery rate.4)17) Therefore, the attitude of the treatment provider



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regarding continuation of treatment is important.

In our outpatient clinic, there were 322 new outpatients with drug dependence (DSM-IV-TR) who were examined by the author with "Welcome to Outpatient Clinic" in mind during 3 years and 10 months from June 2011 to March 2015. 239 (74.2%) were males, 83 (25.8%) were females, and the mean age was 35.7±12.4 years. Of these, 82 (25.5%) had a history of hospitalization, 15 (4.6%) were participants in the outpatient drug addiction relapse prevention program (LIFE), and 19 (5.9%) were users of DARC. Most of the subjects were treated mainly in regular outpatient clinics.

The main drugs of abuse were methamphetamine (169 patients, 52.5%), synthetic drugs (92 patients, 28.6%), psychotropic drugs (34 patients, 10.6%), organic solvents (including gases) (11 patients, 3.4%), analgesics (7 patients, 2.3%), antitussives (5 patients, 1.6%), and others (4 patients, 1.2%).

The duration of outpatient treatment was less than 3 months in 78 patients (24.2%), of which 37 patients (11.5%) completed the treatment only once, and 22 patients (6.8%) were transferred or returned to their previous doctors. The duration of outpatient treatment was more than 3 months in 75.8%, more than 6 months in 61.5%, more than 1 year in 46.3%, and more than 3 years in 18.0%.

Among the 322 patients, 141 (43.8%) were "abstinent: complete abstinence for more than 6 months," 51 (15.8%) were "improved: not complete abstinence but marked improvement in social life without problematic behavior," 29 (9.0%) were "unchanged or worsened," 10 (3.1%) were "died," 8 (2.5%) were "arrested or imprisoned," and 83 (25.8%) were "unknown or unspecified." In other words, after more than 6 months of outpatient treatment, the rate of improvement in drug dependence (abstinence + improvement) was 59.6% (192/322), the rate of continued abstinence for more than 6 months was 43.8% (141/322), and the rate of abstinence excluding "unknown/unknown" was 59.0% (141/239).

These results suggest that adherence to confidentiality and continuing treatment as a matter of course, without trying to force patients to quit drugs, will increase the rate of treatment adherence and abstinence12).

2.Implementing the LIFE Program - an outpatient program that emphasizes confidentiality

The Center has developed a workbook with the permission of the Serigaya Methamphetamine Relapse Prevention Program (SMARPP) and other organizations, and has been



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implementing it as the outpatient drug addiction relapse prevention program LIFE since 200813). The subjects were outpatients with drug addiction. The LIFE program is a weekly workbook-based group work for patients who have not been able to abstain from drugs or are at high risk of reuse. In fact, 84.2% of the participants were found to be reusing.

The rate of abstinence for more than 3 months at the end of the program (9 months) was 61.5%, and the rate was only 25.0% in patients who did not continue or discontinued the program for less than 9 months14) . In order to maintain abstinence, it is necessary to participate in the program for a long time, and it is effective to utilize supplementary intervention tools, therapeutic techniques such as contingency management and motivational interviewing, and to create a therapeutic atmosphere. In this program, we do not report drug use, nor do we blame them for using drugs, nor do we instruct them not to use drugs.

From the above, it can be inferred that the following are important for recovery from addiction: (1) being connected to treatment for a long period of time, (2) having a safe place and fellows, and (3) being able to honestly express oneself as one is.

## V. DARC, self-help groups and confidentiality

Both DARC, a rehabilitation facility for drug addicts, and Narcotics Anonimous (NA), a self-help group, focus their activities on meetings. An important rule of meetings is that what is said in the meeting should not be taken out of the meeting. If they feel disadvantaged or hurt by the honesty of what is said, they will keep their mouths shut. If confidentiality is not ensured for both parties, they will lose their raison d'etre.

In DARC and NA, it is important for drug addicts to build a "safe place" and "trusted fellows." This is the lifeline. DARC and NA have played a role in protecting them from being hurt and isolated by misunderstanding, prejudice and stigma from society.

DARC is a rehabilitation facility based on following the 12 steps of NA. There are also outpatient programs, but most of them are residential programs. DARC is the opposite of the "intolerance and punitiveness" symbolized by the slogan "Absolutely not." While our country has thoroughly promoted the former, DARC has chosen the latter and has survived without being crushed.

When something like DARC is widely accepted by society, it will expand from the "Absolutely not" and "intolerance and harsh punishment" policy of our country to a recovery support system that respects a person's right to life.



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Whether or not to recognize or accept the DARC, whether or not to recognize or accept drug use, whether or not to recognize or accept drug addicts as dignified persons, whether or not to recognize or accept their individuality, their lives, is a major issue that is fundamental to the way Japan thinks about "people".

## VI. What is needed for future clinical practice of drug addiction

In general, we tend to have negative feelings toward drug addicts from the beginning, such as "nasty," "scary," or "criminal," and they are sensitive to these feelings. Therefore, they are hurt by the therapist's casual words and attitudes, and their anger and aggression increase. If the therapist has negative feelings toward the patient, the treatment will fail if the therapist does not correct the negative feelings promptly.

On the other hand, it is also true that there is a desire within them to "not stay the same," to "change," and to "recover. They are looking for someone who understands them, someone they can trust and talk to about their true feelings. Addiction is the result of a person's addiction to drugs due to the need for temporary healing through substances, because he or she has not been able to find peace among others. When we can feel safe and secure in the company of others, there is no need to change our mood by drugs. In order to recover from addiction, it is essential to improve the underlying interpersonal disorder. Self-help groups and recovery facilities are the places to practice such recovery. Preparations and bridges to these facilities are also important roles of medical institutions.

Drug abusers are generally regarded as "criminals who got hooked on drugs out of curiosity," but the most appropriate perspective of drug use by drug addicts is "solitary self-medication by a person who is unable to be healed by others and has difficulty in living." As mentioned earlier, they are surprisingly often deeply traumatized by abuse, bullying, and sexual assault from childhood. They are unable to have trusting relationships with others, and cannot talk to anyone or ask for help. When faced with difficulties that they cannot cope with, they have managed to overcome them through substance use. However, these methods will eventually come to a standstill.

We must not be myopic in our approach, focusing only on the presence or absence of substance use, but must also take into account the underlying factors such as "difficulty in living," "loneliness," "lack of healing from others," and "lack of a sense of security and safety."

Recently, the treatment of addiction



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has undergone a major change in Japan. The main reason for this is the introduction of treatment methods with abundant evidence from overseas. In this new approach, we do not confront patients, but support them in the direction they want to change, and pay attention to and fully evaluate positive changes. It does not blame the patient for failures, but gives feedback and discusses ways to improve. These are rather commonplace in the treatment of mental illness.

The most important problem of addiction is that it makes us vulnerable to stress and unable to do what we would do without drugs. We tend to misunderstand it as "laziness", "lack of motivation" or " lack of independence". It is important to understand that the patient is not "not trying" but "not being able to do".

In addition, Table 1 shows important points in the clinical treatment of drug addiction15) . We believe that a minimum understanding of these seven points is sufficient to provide good treatment.

## VII. Proposal of Harm Reduction Clinical Practice

When considering confidentiality in the treatment of drug addiction, it is useful to be aware of the concept of Harm Reduction. Harm reduction is an effective and realistic drug policy that has been successfully implemented mainly in Europe, Canada, and Australia. Harm reduction is "a policy, program, or practice aimed at reducing the damage of drug use that that is impossible or unwilling to discontinue its use.2)

The goal is not abstinence, and the focus is on reducing damage rather than stopping drug use. Drug use, whether it is illegal or not, is not a question. Provide the support that is practically necessary. Harm reduction is a scientifically proven, public health-based, human rights-respecting policy that aims to improve the health and safety of individuals and society.

When it comes to harm reduction in Japan, the focus is on the free exchange of needles, the provision of authorized injection sites, and the provision of the alternative drug methadone. What is not known is that they also focus on the provision of threshold primary health care, proactive awareness raising, and empowerment of abusers.

Japan is a rare country in the industrialized world that has consistently promoted "intolerance and harsh punishment" symbolized by the slogan "Absolutely not" to drug problems. These are the opposite of the viewpoint that drug addiction is a disease. Clinically, "intolerance and strict punitiveness" are not only not curative, they are "anti-curative."



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Furthermore, it is likely to promote prejudice and human rights violations.

Being connected to a harm reduction program increases access to appropriate information, counseling, medical support, and government services, and prevents drug problems from escalating. It is also expected to motivate people to abstain from drugs by connecting them to the program. Harm reduction policies have been shown to reduce the relative damage caused by drug use in individuals and society. For example, they have been reported to reduce the number of emergency room visits, decrease health care costs, increase employment rates, and reduce drug-related crime.

In the past, developed countries around the world responded with harsh punishments, but after reflecting on the fact that they could not cope with the problem, they have made a major change in direction. This is the drug court (a system that introduces drugs into treatment rather than punishing them), mainly in the U.S., and the harms reduction, mainly in Europe. Under these circumstances, Japan also enacted a "partial suspended execution of sentence system" in June 2016. After serving a certain amount of time in prison, a relatively long probation period is set for the remainder of the sentence, and therapeutic support is provided in a probation office. This is the first step in the government's shift from severe punishment to support. However, the success or failure of this system depends largely on the development of local support systems. The question is whether psychiatry can keep up with this system16).

As mentioned earlier, the philosophy of Harm Reduction is to help patients with their problems, regardless of whether they are using drugs or not, and regardless of whether it is illegal or not. It is not about helping the patient to quit drugs, but about helping the patient to deal with the difficulties in life that lie behind them. This is the basis of addiction treatment. Table 2 lists points to keep in mind when conducting a harm reduction clinical practice 9).

## Conclusion.

For the therapist, the drug addict's drug use is not an "evil" to be punished, but a "symptom" to be recovered together. It is necessary for the therapist to be an ally to the drug addict who is bashed by those around him or her, who feels remorse, helplessness, and hopelessness, and who is isolated and unable to seek help. The guarantee of non-reporting is an important message to convey this. Along with not blaming the patient for drug use and not forcing him/her to abstain from drugs, confidentiality is the minimum attitude



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required of the therapist.

Confidentiality is the lifeline of treatment for drug addiction. Where confidentiality is not guaranteed, trust cannot be established and recovery cannot be born. Addicts heal and recover in a place where they feel safe and can be honest. They need "trustworthy people" and "safe places" for their recovery. Reporting the use of illegal drugs is an abandonment of treatment and not the attitude of a medical practitioner.

The more you can trust people, the more they can heal you. When you can be healed by people, you don't need to get drunk. Drug addiction is a disease of human relationships. Recovery is all about building a relationship of trust. It is not an exaggeration to say that without confidentiality, addiction treatment would not be possible.

I hope that the day will come when drug addicts in Japan will be able to receive treatment and support as a matter of course when they want to recover.

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表1　薬物依存症治療の留意点

| |
|---|
| 1. 依存症は「病気」であると理解できれば治療はうまくいく |
| 2. 治療を困難にしている最大の原因は，治療者の患者に対する陰性感情である |
| 3. 回復者に会い回復を信じられると，治療者のスタンスは変わる |
| 4. 依存症患者を理解するために「6つの特徴」を覚えておく |
| 5. 依存症患者の薬物使用は，生きにくさを抱えた人の孤独な自己治療である |
| 6. 断薬を強要せず再使用を責めなければ，よい治療者になれる |
| 7. 断薬の有無に囚われず信頼関係を築いていくことが治療のコツである |

「6つの特徴」：「自己評価が低く自分に自信をもてない」「人を信じられない」「本音を言えない」「見捨てられる不安が強い」「孤独でさみしい」「自分を大切にできない」
（文献15より引用）

Table 1　Points to keep in mind in the treatment of drug addiction

1. Treatment will be successful if the therapist understands that addiction is a "disease."
2. The biggest cause of treatment difficulty is the therapist's negative feelings toward the patient.
3. The therapist's stance changes when he or she meets a recovering person and believes in recovery.
4. Remember the "Six Characteristics" to understand the addict.
5. Drug use by addicts is a solitary form of self-medication for those who have difficulty living.
6. If you do not force abstinence and do not condemn reuse, you will be a good healer.
7. The key to treatment is to build a relationship of trust, regardless of whether or not the patient has abstained from drugs.

"Six characteristics": "low self-esteem and lack of self-confidence," "inability to trust others," "inability to express true feelings," "strong fear of abandonment," "feeling lonely," and "inability to take care of oneself.
(Quoted from Reference 15)



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表2　ハームリダクション臨床の心得10ヵ条

| | |
|---|---|
| 1. | 患者中心のスタンスを常に維持する |
| 2. | 患者に敬意をもって誠実に対応する |
| 3. | 患者との信頼関係づくりを優先する |
| 4. | 患者の現状をそのまま肯定的に受け入れる |
| 5. | 患者の問題行動は症状の影響が大きいことを理解する |
| 6. | 治療目標を断薬に焦点づけしない |
| 7. | 患者の薬物使用を責めずに症状として受け入れる |
| 8. | 患者が困っていることに焦点づけする |
| 9. | 患者の薬物使用の有無に囚われず患者の害の軽減を目的とする |
| 10. | 患者に陰性感情をもたずに寄り添っていく |

（文献9より引用）

Table 2　Ten Principles of Harm Reduction Clinical Practice

1. Maintain a patient-centered stance at all times.
2. Treat patients with respect and sincerity.
3. Give priority to building a trusting relationship with the patient.
4. Accept the patient's current situation as it is.
5. Understand that the patient's problematic behavior is greatly influenced by symptoms.
6. Do not focus on abstinence as the goal of treatment.
7. Accept the patient's drug use as a symptom, not a blame.
8. Focus on what is troubling the patient.
9. Do not focus on whether or not the patient is using drugs, but aim to reduce the patient's harm.
10. Stay close to the patient without negative feelings.

(Adapted from Reference 9)



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