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Editorial

The Attitude of Japanese University Students toward Illegal Drugs and Current Characteristics of Japanese Drug Abuse and Addiction

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INTRODUCTION

As in other countries, drug abuse has been a serious problem in Japan. In this article, the authors describe the attitude of Japanese university students toward illegal drugs as well as the current characteristics of Japanese drug abuse and addiction.

Cannabis abuse among Japanese university students and awareness survey for illegal drugs

In 2007, two university students were arrested for having cultivated cannabis, and 10 of their friends were also arrested for consumption. Their university was a popular one in Japan. Until then, ordinary people had thought that individuals with higher education such as university graduates had nothing to do with cannabis. People were shocked on realizing that cannabis abuse is a problem that is close to their lives.

In 2008, two university students were arrested for having sold cannabis on campus. They confessed that they had consumed cannabis with several other students. These students were primarily from the upper class. Therefore, this news was even more sensational than those reported in 2007. The students were expelled from the university and this compromised their future careers.

An awareness survey for illegal drugs was performed at Ibaraki University in 2009 [1]. Ibaraki University is a national university, and its students are primarily from the middle class. According to the survey, about 90% of them had a high normative consciousness of avoiding the use of drugs. On the other hand, 1-5% of them had an incorrect understanding of drugs and a low normative consciousness of drug use. Five point three% of the students had an experience of seeing or hearing of drug abuse incident in their vicinity, and 0.9% had an experience of being drawn into drug abuse. No case of drug abuse has been reported at Ibaraki University to date. However, university students are at risk for drug abuse, and appropriate education is necessary as a primary prevention of drug abuse and addiction.

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So-called "dappou drug" abuse in Japan

The so-called "dappou drug" has recently spread among the Japanese young population. "Dappou" means to slip through regal regulation. 5-Methoxy-diisopropyltryptamine used to be abused in the 2000s, but became illegal in 2007. However, in the 2010s, new-type dappou drugs have been widely abused. Newtype dappou drugs are sold as herbs, bath salts, and an aromatic liquid, but some psychoactive ingredients, such as synthetic cannabinoids or cathinone derivatives, are added to them. They are easily available through the internet, and sometimes through automatic vending machines. There is a report which states that, in contrast to amphetamine abusers, dappou drug abusers are highly educated and have regular jobs [2]. They look like ordinary people living normal lives. Since 2011, medical problems, such as psychosis and disturbance of consciousness, caused by acute intoxication with this drug, have been increasing rapidly [2]. One of the authors previously reported a case with a prolonged delusional state triggered by repeated ingestion of the aromatic liquid [3]. This individual had a university degree and was an ordinary company employee.

Neuroleptics abuse in Japan

Another characteristic of drug abuse in Japan is the high number of cases of neuroleptic abuse. As for the number of clinical cases that visited psychiatric facilities with problems related to drugs, the cases of neuroleptic abusers were the second largest in 2010 and the third largest in 2012 [4]. Methylphenidate used to be the most notorious prescription drug involved in abuse and addiction, but it has been restricted since 2007. Currently, benzodiazepines are widely abused. They are mostly prescribed by psychiatrists and primary-care physicians. For example, 1.5mg of etizolam is often prescribed to treat anxiety or indefinite complaints without careful consideration, or more than three different benzodiazepines are prescribed at a time, which leads to drug abuse and addiction in some patients. It is important to re-educate psychiatrists and primary-care physicians regarding this issue.



CONCLUSION

Education is necessary as primary prevention of drug abuse and addiction. Compared with the treatment facilities available for alcoholism, facilities that are specific to drug abuse have not been established in Japan, although there are some that are located in larger hospitals. Systematic strategies for treating drug abusers are necessary.

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