

11/07/06

SAMHSA DTAC

Lessons Learned from the 2005 Hurricane Response

Brian McKernan, M.Ed., ACADC

**Public health arena...substance abuse needs:
Lessons learned from the 2005 hurricane response**

**Presented at the American Public Health Association's
134th Annual Meeting**

**Substance Abuse and Mental Health Services Administration
Disaster Technical Assistance Center**

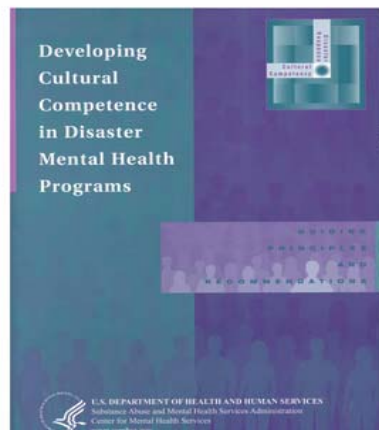
About the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

SAMHSA DTAC—a project operated under contract to Educational Services, Inc.—supports SAMHSA’s efforts to prepare States, Territories, and local entities to deliver an effective behavioral health response during disasters.

Toll-Free: 1-800-308-3515

E-Mail: DTAC@esi-dc.com

Web: www.mentalhealth.samhsa.gov/dtac



Substance Use/Abuse and Disasters

- Hurricane Hugo—beer consumption in the affected areas rose by 25 percent.
- After the Oklahoma City bombing, alcohol consumption 1 year later was 2.5 times greater than in the control city.

Herald of Free Press Enterprise Disaster

- The Herald of Free Press Enterprise car and passenger ferry sank March 6, 1987 killing 193 passengers.
- At 6- and 30-month intervals, 73 percent of survivors reported increased use of alcohol, cigarettes, sleeping tablets, or tranquilizers. Levels of increased use were slightly lower at the 30-month interval. Use of alcohol and cigarettes remained higher than other substances.
- Increased levels of substance use were associated with higher levels of psychological distress.

Substance Use/Abuse and 9/11

Random digit telephone survey of Manhattan residents living below 110th Street.

- 5—8 weeks post-9/11, n = 988.
- 6—9 months post-9/11, n = 1,570.

	% change 5–8 weeks	% change 6–9 months
Alcohol	+ 24.6	+ 17.5
Cigarettes	+ 9.7	+ 9.9
Marijuana	+ 3.2	+ 2.7
Any of the above	+ 28.8	--

Substance Use/Abuse and 9/11 Key Findings

Symptoms of depression were more common among those who increased substance use compared with those who did not.

	Symptoms of Depression	
	Increased use	Did not increase use
Alcohol	11.8 %	5.2 %
Cigarettes	14.6 %	5.2 %
Marijuana	34.1 %	5.3 %

Substance Use/Abuse and 9/11 Key Findings (cont.)

- Symptoms of Posttraumatic stress disorder (PTSD) were more common among those who increased use of cigarettes (4.3 percent) compared with those who did not (1.2 percent).
- Fifteen percent of those directly affected by the attacks smoked more cigarettes, compared with 8 percent of those not directly affected.

Substance Abuse and 9/11 Studies with Substance Abusers

- Drug users in New York City reported increased use of drugs and increased demand for drug treatment.
- Clients enrolled in a study of the effects of a tapering schedule of case management post discharge from detox: None drank between last case management contact and 9/11; while 42 percent drank between 9/11 and next case management contact.
- In a qualitative study of current or former users of cocaine, crack, or heroin, relapsers tended to be those who stopped using drugs in the last 6 months before 9/11.

New York State Post-9/11 School Survey (7-8 Months After 9/11)

Survey of 74 Schools in New York City (NYC) and throughout New York State (5,782 students in grades 7-12):

- Risk Factor: An estimated 306,000 students of the State's 7th-12th graders had a family member, friend, or acquaintance injured or killed as a result of the 9/11 World Trade Center attack.
- Those students were more likely to have used alcohol in the past 6 months—67 percent vs. 53 percent.
- More likely to have used illicit drugs—39 percent vs. 31 percent.
- More likely to have sought help from a counselor, teacher, or other professional for problems related to alcohol and drug use—9 percent vs. 4 percent.

Mechanisms of Increased Substance Use Post Disaster

- Some people in the general population increase substance use to cope with stress.
- Some people near the border of substance abuse or dependence cross the line.
- Some people in active addiction increase their use.
- Some people in recovery experience relapse.
- Some people experiencing PTSD or depressive symptoms increase use.
- Some people in other at-risk groups, such as first responders, increase their use.

Hurricane Katrina's and Rita's Impact on Substance Abuse Treatment Capacity

- Louisiana:
 - Of the addiction population in treatment, 88% were unaccounted for;
 - All seven Opioid Treatment Programs (OTP) in the New Orleans area were closed or destroyed;
 - Nineteen outpatient treatment programs and 25 prevention programs were destroyed; and
 - Overall, one third of treatment capacity was destroyed.
- Mississippi:
 - Loss of professional staff;
 - The State experienced a large influx of evacuees needing methadone maintenance therapy;
 - Five out of 15 mental health regions experienced significant damage to their treatment facilities, including substance abuse treatment infrastructure; and
 - One region lost all of its treatment facilities.

Source: Louisiana Office of Addictive Disorders; Mississippi Department of Mental Health, Division of Alcohol and Drug Abuse

Cases of Liquor Sold in Mississippi: Pre- and Post-Hurricane Katrina

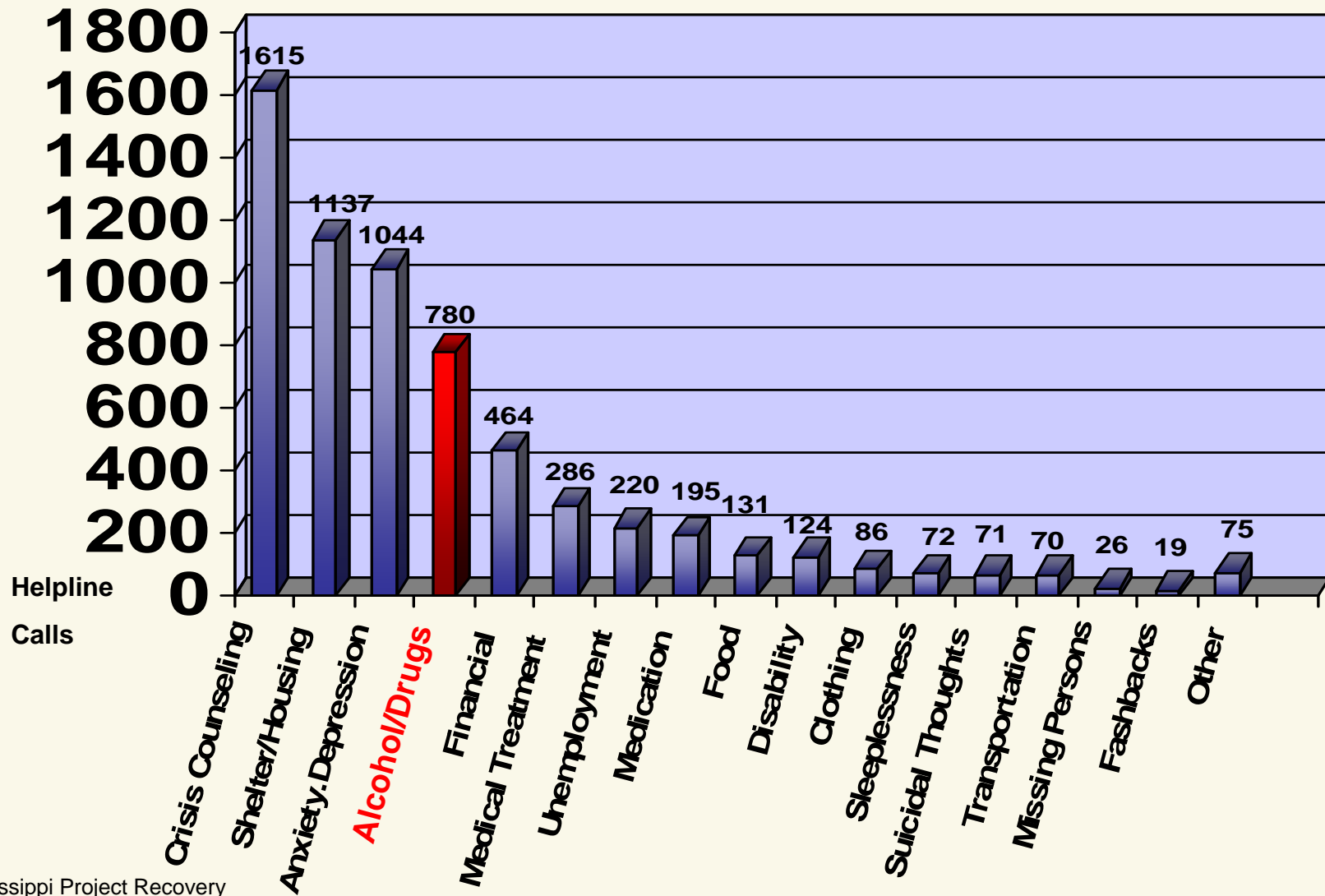
2004	2005	% +/-
9/13-9/17	9/12-9/13	16.43
9/20-9/24	9/19-9/23	8.14
9/27-10/01	9/26-9/30	6.55
10/04-10/08	10/03-10/07	11.14
10/11-10/15	10/10-10/14	8.26
10/18-10/22	10/17-10/21	5.02
10/25-10/29	10/24-10/28	2.35
11/01-11/05	10/31-11/04	14.92

So What Is Happening on the Ground?

Mississippi's Crisis Counseling Assistance and Training Program, Project Recovery:

- At this time, continues to see 5,000 individual encounters per week. Coastal regions are experiencing increasing use of alcohol to cope with chronic stressors.
- Outreach workers are increasingly encountering methamphetamine labs in FEMA trailer parks.
- Substance abuse related calls account for the fourth highest helpline call volume category, 09/18/05–08/14/06, n=780.

Project Recovery Helpline Calls by Category 09/18/05 – 08/14/06



So What Is Happening on the Ground? (cont.)

Project Recovery partner—Gulf Coast Mental Health Center:

- After Hurricane Katrina, the majority of clients presented with PTSD symptoms.
- One year later, more than 50% of new clients presented with depression and substance abuse diagnoses.
- These cases primarily represented people who did not have an alcohol or drug abuse/dependence diagnosis prior to Hurricane Katrina.

Acute Substance Abuse Interventions Post Disaster: The Houston Astrodome Experience

- 27,000 evacuees sought shelter in the Houston Astrodome.
- Screening, Brief Intervention, Referral, and Treatment (SBIRT):
 - **S**creening—screening tools such as CAGE or CRAFFT;
 - **B**rief **I**ntervention—motivational interviewing and individual counseling sessions. FRAME; and
 - **R**eferral to **T**reatment—for those needing higher level of care.
- The SAMHSA funded SBIRT program integrated services into health clinics and other social service locations at the Houston Astrodome.
- Successfully provided brief individual and group interventions to evacuees.

SAMHSA Guidance for Treating Patients on Methadone Maintenance Therapy (MMT)— Issued 9/9/05

1. Guest patient should show picture ID.
2. Guest patient should show proof of services from a home clinic. Physician should use best judgment in cases with no ID or proof of services.
3. An Opioid Treatment Provider (OTP) may deliver dosage of medication based on patient report and physician judgment.
4. Guest patients should be provided with take-home dosages only when the guest OTP is closed.
5. Documentation for each guest patient is a priority.

Full SAMHSA guidance can be found at
<http://www.dpt.samhsa.gov/regulations/guidance.htm>

“First we have the test, and then we have the lesson”

- Substance abuse collaboration with public health is critical.
- When possible, integrate substance abuse services into other health services (SBIRT experience).
- Post disaster behavioral health responses need to incorporate access to MMT.
- Substance abuse prevention needs to play a greater role in post disaster behavioral health services.

“First we have the test, and then we have the lesson”

- Shelters need to allow access to 12 step recovery meetings and addictions professionals.
- Emergency licensing and credentialing standards need wide dissemination.
- “If we don’t ask, they won’t tell.” Post disaster epidemiological studies need to address substance use/abuse/dependence along with other trauma symptoms.
- Continued monitoring of the disaster impact may be needed to assess long term substance use/abuse/dependence effects.

Resources

- Digital Access to Medication (D-ATM)
<http://www.datm.samhsa.gov/>
- Screening, Brief Intervention, Referral, and Treatment (SBIRT)
<http://sbirt.samhsa.gov/>
- Center for Substance Abuse Treatment, Disaster Recovery
Resources for Substance Abuse Treatment Providers CD-ROM
<http://www.samhsa.gov/csatsdisasterrecovery/>

Resources

- SAMHSA's Fundamentals of Disaster Planning and Response Webcasts—Substance Use Disorders, Trauma, and Posttraumatic Stress
<http://mentalhealth.samhsa.gov/samhsadr/>
- SAMHSA's Office of Applied Studies Katrina/Rita Areas: Baseline State and Sub-State Estimates of Substance Use from the 2002–2004 National Surveys on Drug Use and Health
<http://www.oas.samhsa.gov/katrina/toc.cfm>
- SAMHSA Disaster Technical Assistance Center
<http://mentalhealth.samhsa.gov/dtac/>

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