Substance Abuse Doesn't Occur In A Vacuum

What Can Physicians Do?

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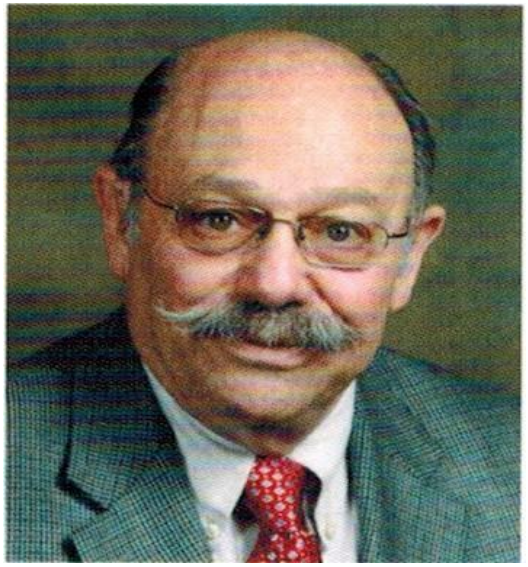


Resume

Pain Management Private Practice (2000-Present)

Deputy Director of CenCal (1997-2000)
Medical Director of CenCal (1983-1997)
Health Officer and Director Sutter Co Health Dept
Student Health Service Director SDSU(1975-1983)
Medical Director IV Community Clinic (1970-1975)
Medical Director SB Co. Methadone Maintenance
Medical Director Ventura Opiate Detox Program
Co-Director Haight Ashbury Drug Program
Consultant Santa Barbara County Schools
Consultant NIDA
Officer in U.S. Public Health Service

What Is Substance Abuse?

The use of a substance in such a manner that it interferes with one or more important aspects of a personal life: social, recreational, educational, occupational, interpersonal, familial.

What it’s not.

It is not the mere use of an illicit substance.

Frequency

About 10% of the population is at risk for abuse of recreational substances.

ASSESS SUBSTANCE ABUSE RISK

5% **Risky/Harmful Use**

25% **Moderate Risk/Not harmful**

70% **Low Risk /Abstinence**

Substance abuse intervention and treatment may prevent:

(1)Substance Abuse (in patients and possibly next generation)

(2)HIV infection for IV drug use is 6x greater without treatment.

Public Health Issues

(1)More than 90% injection drug users are infected with Hepatitis C virus.

(2)Tobacco use is related to 450,000 deaths/year.

(3)Alcohol use is related to 125,000 deaths/year

(4) Prescription drugs cause over 150,000 deaths per year

RISK FACTORS FOR SUBSTANCE ABUSE

- **Family Factors**

  Dysfunctional family

  Chaotic home environment

  Ineffective parenting

  Parental dysfunction

  Little mutual attachment and nurturing by parents

Risk Factors Continued

- **Family Factors continued**

  Hx substance abuse in family

  Hx mental illness in family

  Being ignored or devalued by parents

- **Abusive Environment**

  Physical abuse

  Sexual abuse

  Emotional abuse

- **Quote from a Child Abuse Survivor**

  “Abuse hurts us a lot. Many of us who suffer from child abuse develop depression, isolationism and suicidal thoughts and low self-esteem as a result.” This survivor went on to say that once in a while he/she suffers from bouts of depression and suicidal thoughts.

RISK FACTORS CONTINUED

- **Medical Conditions**

PTSD – untreated or under treated

ADD – untreated, unidentified

Autism Spectrum Disorder – untreated or under-treated

- **Personal Factors**

Low academic aspirations

Poor social coping skills

Low self-esteem

Poor decision making skills

Feeling unloved, ignored

- **Substances of Abuse**

  Tobacco
  Prescription Drugs
  Alcohol
  Opiates
  Benzodiazepines
  Stimulants
    Amphetamines
    Cocaine
    Caffeine
  Psychodelics

Be Aware of Causes:

Low self-esteem

Lack of coping skills

Lack of job skills

Lack of parenting skills

Having a poor job and/or job prospects

Hopelessness

Growing up in a Dysfunctional family

ADD

PTSD

Other More Global Causes

A. Lack of adequate employment
B. Inequity in distribution of wealth
C. Lack of community support system
D. Having an environment that fosters poor decision making
E. We live in Fantasyland

Relative Risk Recreational Drugs

Substance	Withdrawal	Reinforcement	Tolerance	Dependence	Intoxication
Nicotine	3	4	2	1	5
Heroin	2	2	1	2	2
Cocaine	4	1	4	3	3
Alcohol	1	3	3	4	1
Caffeine	5	6	5	5	6
Marijuana	6	5	6	6	4

1 = most serious, 6 = least serious

PROTECTIVE FACTORS

Family Factors

Clear parental expectations

and consequences

Social Institutions

School

Community

Church

Protective Factors cont.

Medical

Treatment of ADD/ADHD
Proper Treatment of PTSD
Treatment Autism Spectrum Disorder
Identify at risk youth
Make appropriate referrals

Personal

Having good decision making skills
Acceptance of personal responsibility
Having good coping skills Having good decision making skills

Principles of Effective Treatment

- Substance Habituation is a complex and treatable disease.
- No single treatment is appropriate for everyone
- Treatment attends to multiple needs of the individual, not just his or her drug abuse
- Treatment for an adequate period of time is critical

Principles of Effective Treatment continued

- Counseling and other behavioral therapies are the most commonly used

- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies

Elements of Best Practices therapy include:

Case Management

Identification of at-risk children

Multi-disciplinary teams/multi-modality therapy

Personnel skills training

Improve self-esteem

Medication management

Career counseling

Elements of Best Practices therapy cont:

Active treatment

ADD, PTSD

Autism spectrum

R/O Treat if present

Program Components

Cognitive Behavior Therapy

Individual and Group Sessions

Resume writing

Supported Employment

Give the patient hope based on reality

Drug Treatment Program

A. **Outpatient**

1. Group Therapy
2. 1:1 counseling
3. Outdoor Adventure program / skill building
4. Job skills training
5. Wellness group/Relapse presents

B. **Blocking Drugs**

LAAM

Methadone

Suboxone

Drug Treatment Program-continued

C. Other Drugs

- Cannabis
- Naltrexone
- Ketamine
- Ibogaine
- Ayahuasca

Skill Set For Success

Self-esteem

Decision making skills

Coping skills

Accepting Personal responsibility

What About the Children

Your child is a precious gift from God entrusted to you, to love and care for, not to abuse nor to neglect.

QuotesEmpire com

ALTERED STATES GO BACK BEFORE RECORDED TIME

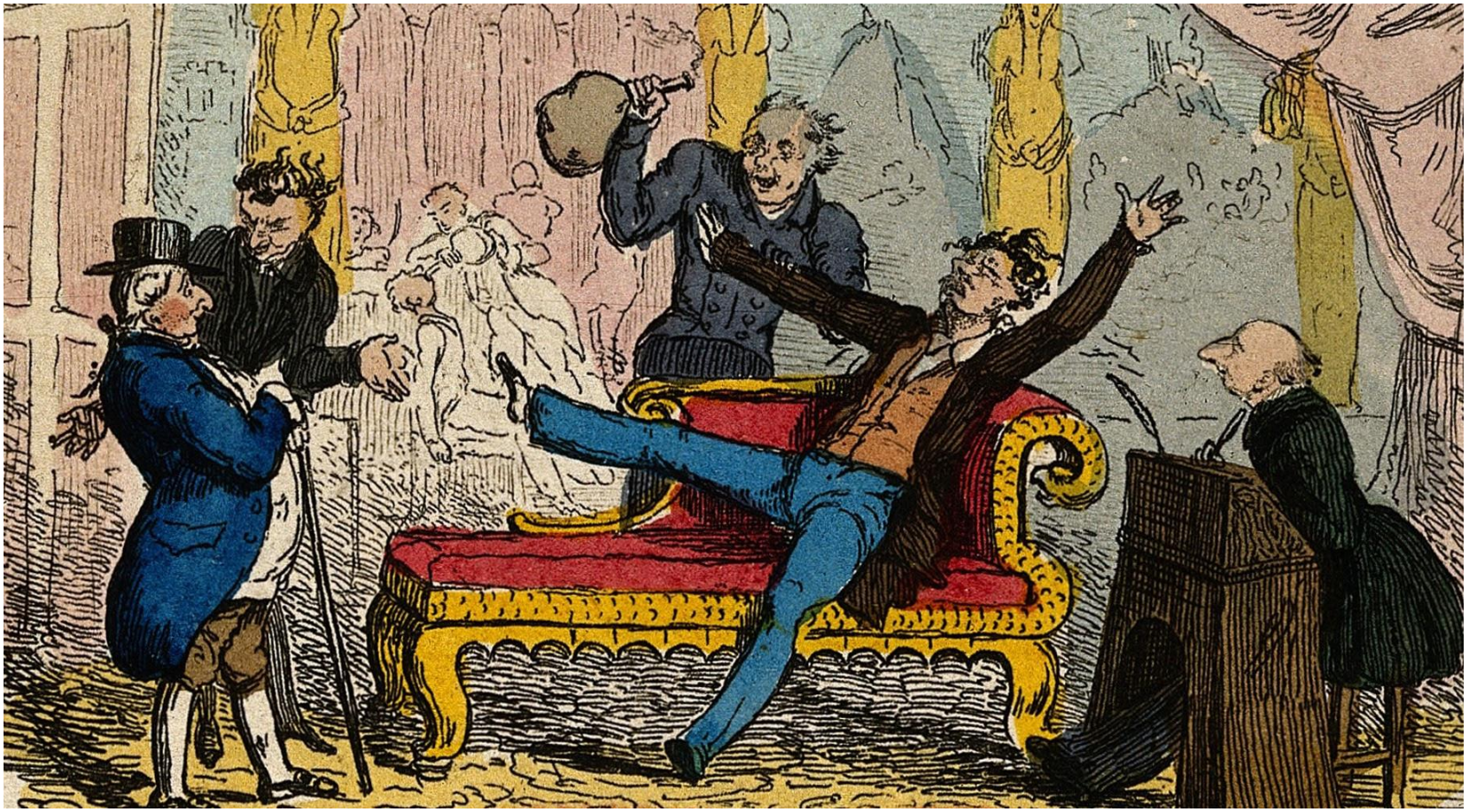
Scyanthians

Zorastrians

Roman Rituals

More Modern Substance’s

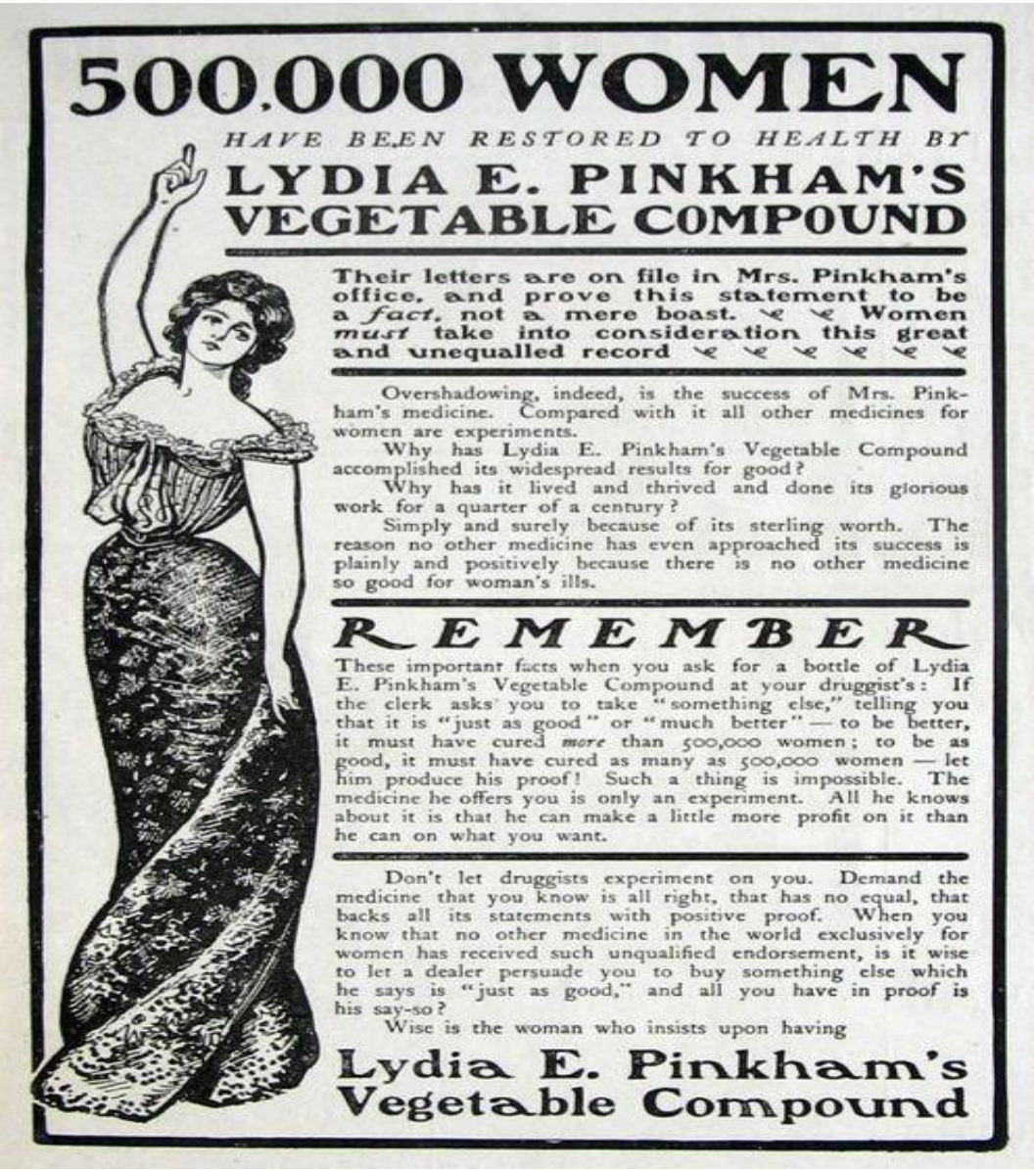
Nitrous Oxide Frolic (c.1820's)




For Headache
and Exhaustion
DRINK
Coca-Cola
5¢ A GLASS
DELICIOUS & REFRESHING



Lydia Pinkham's



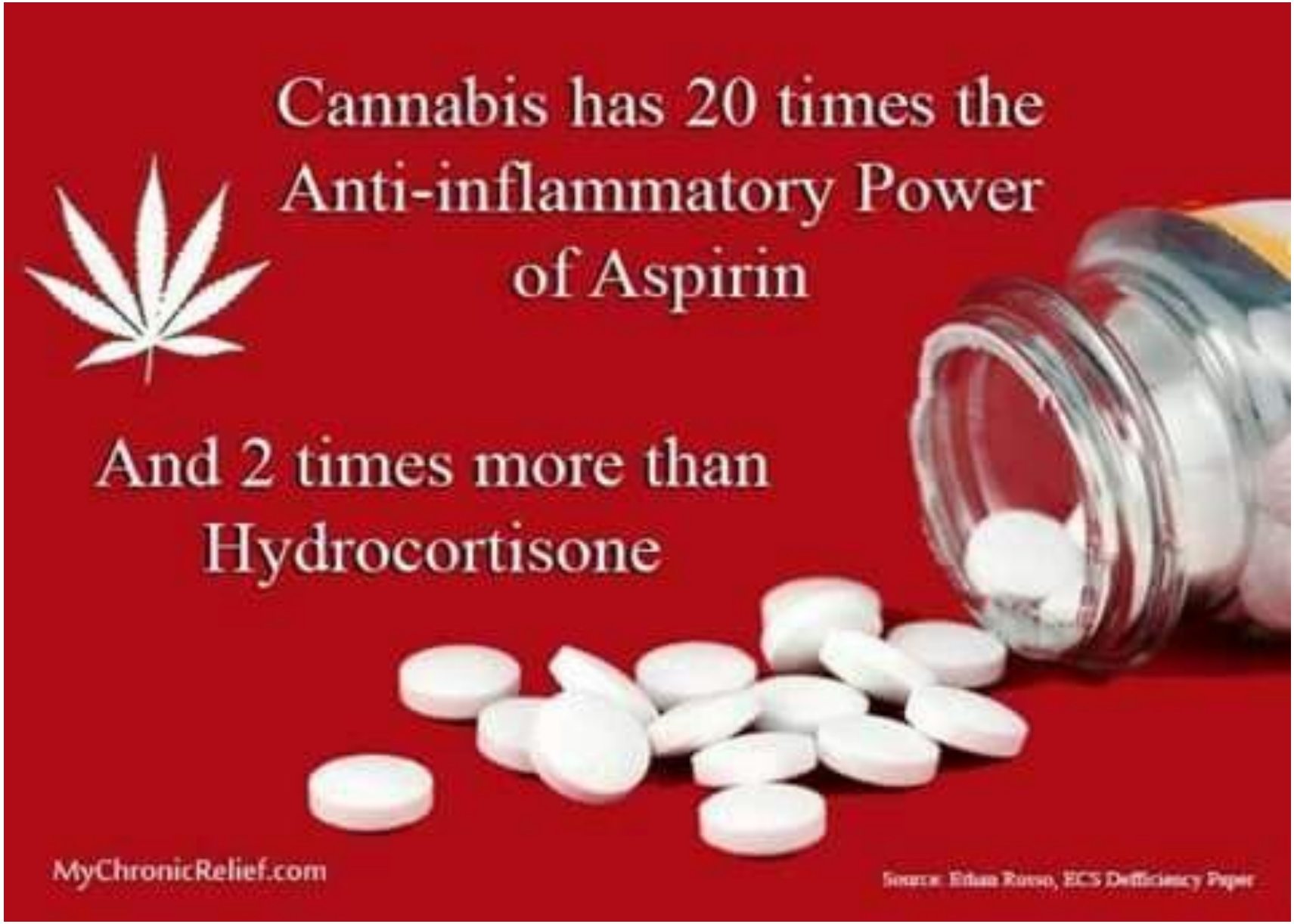
RECENT OPIATE ABUSE HISTORY

- 120 Years ago 75% of opiate abusers were Women
- T here was little crime associated with opiate use
- 1914 Harrison Narcotic TAX ACT
- 1918 SCOTUS Decision
- 1920-24 Herione Maintenance Clinics
- 1930’s Lexington/Ft Worth “Hospitals”

- **Opiate use in Last Year from Weighted National Survey Estimates**
- 92 million (37.84) adult Americans used prescription opiates
- 11.5 million (4.7%) misused
- 1.9 million (0.8%) had a use disorder

Socioeconomic Dislocation

- Helplessness
- High rates of unemployment
- Social trauma
- Financial insecurity
- Few options for upward mobility
- Geographic distribution
- Poor and densely populated parts of cities
- Racial and ethnic minorities in rural area
- Sharp decline since 1970 in manufacturing job


Cannabis has 20 times the Anti-inflammatory Power of Aspirin
And 2 times more than Hydrocortisone
MyChronicRelief.com
Source: Ethan Russo, ECS Deficiency Paper

Medical Marijuana For Adult Use - Treatment Of Chronic Pain

Marijuana has been found to be a great alternative to opioid painkillers when it comes to relieving symptoms associated with chronic pain. Besides the analgesic effects of this substance, it is also a great anti-inflammatory.

4000 years of historical use

So where does cannabis fit into this

- At the end of 19th century beginning of 20th Cannabis was the 3rd most common ingredient in OTC and Rx
- In the1920's American physicians wrote 3 million per year that contained Cannabis
- In 1937 AMA Testified against the MTA

In the 20th Century All Major Drug Companies Marketed Cannabis in Many Forms

Eli Lilly
Merck
Sharp & Dohme
Smith Brothers

FLUID EXTRACT
Cannabis Americanä



AS ACTIVE AS INDIAN CANNABIS

We are marketing a reliable fluid extract of *Cannabis Sativa* from American-grown drug. It has been thoroughly tested by experienced clinicians and pronounced fully equal to the fluid extract obtained from the best Indian Cannabis.

Fluid Extract Cannabis Americana (P. D. & Co.) is physiologically standardized. Practitioners may specify it with perfect assurance of its activity and uniformity. We market it at a price considerably lower than that asked for fluid extract Cannabis Indica.

Supplied in pint, ½-pint and 5-pint bottles.

PARKE, DAVIS & COMPANY

HOME OFFICES AND LABORATORIES, DETROIT, MICH.

•Cannabis An Analgesia

- Retrograde Inhibitions
- Pain Center mediated by the endocannabinoids
- 20mg THC=60mg codeine (Noyes at all)

Legal Cannabis Lowered Opiate OD Rate by25%

2014 JAMA Article

- In states where medicinal cannabis was legal opiate overdose deaths declined by 25%.

- No such decline was found in states where cannabis remains illegal.

Why now?

- Little funding for early identification of at-risk youth
- Limited resources for parent education
- Limited resources for school or church based counseling
- Sense of oppression in low income community
- Lack of economic opportunity

Socio – Economic Factors

- Unemployment
- Lack of Health Insurance
- Poverty
- Helplessness
- Social trauma

October 26, 2017 Harvard Business Review

Chronic Pain Patients NOT the Problem

- For most chronic pain patients, opioid medications are just part of a larger daily routine of pain management

- Opioids are not craved any more than an athlete craves a vitamin supplement.

- The risks of opioid addiction among chronic pain patients is quite low overall

Chronic Pain Patients Did Not Cause Opioid Epidemic

- Most pain patients on low doses of short-acting opioids “have a low risk for developing a substance use disorder.”

  “ From Journal **Pain Medicine**”

- Chronic pain patients generally do not experience dose escalation, but often remain stable at the same dose for months or even years.
- Doctor shopping by pain patients is rare.

Chronic pain patient cont.

- Chronic pain patients are not opioid addicts any more than a diabetes is an insulin addict (in fact insulin is abused).

- To be clear, chronic pain patients and opioid addicts are two distinct groups.

Do the Math

- There are not enough chronic pain patients on opioid therapy to account for the number of opioid and heroin addicts.
- The American Society of Addiction Medicine 2016 estimate was there were over 2.5 million patients habituated to prescription pain relievers or heroin.
- At most 11.5 million chronic pain patients on opioid therapy.
- Even if 5 percent of them develop a substance abuse disorder, that would give us 575,000 opioid addicts.
- Unfortunately, chronic pain patients are often treated like addicts.

THE HUFFINGTON POST

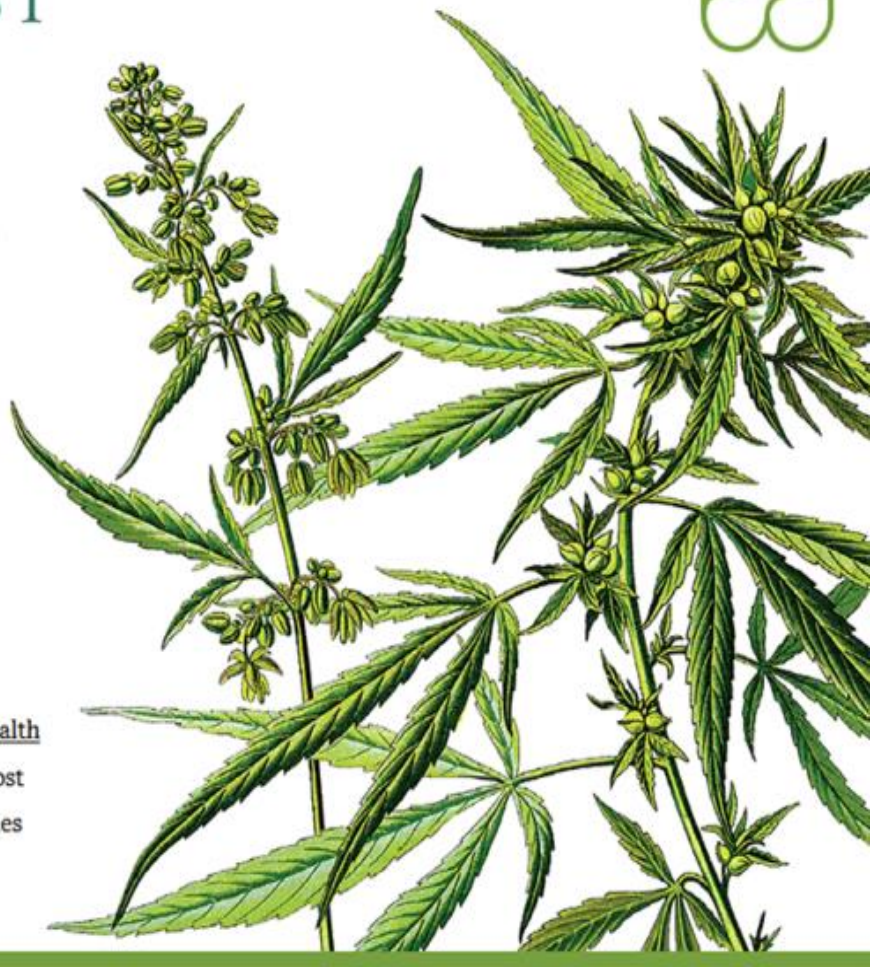
Marijuana May Alleviate America's Opioid Crisis, New Study Suggests

Chris D'Angelo / Sep 17, 2016

In 2014, more than 14,000 people — nearly 40 per day — died from overdoses of prescribed opiates.

Access to medical marijuana may be cutting down on the overall use of opioids, including prescription painkillers like OxyContin and Percocet, new research suggests.

In a study, researchers from Columbia University's Mailman School of Public Health analyzed traffic fatality data from 1999-2013 for 18 U.S states. They found that most states that passed medical marijuana laws saw an overall reduction in fatal crashes involving drivers who tested positive for opioids.



Risk Assessment

- There are well-established protocols such as the Opioid Risk Tool to assess patients and monitor those whose risk may be higher.

- People who suffer from chronic pain disorders are no longer prescribed opioids lightly or quickly.

- Opioids considered only if everything else fails. This makes addiction a rare outcome.

- RESTRICTING OPIODS IS NOT SLOWING THE OPIOID EPIDEMIC

So What to do

- Early intervention
- Monitor opiate use of your patients
- Check CURES
- Use alternative and complementing medicines (e.g. Cannabis, Kraytom, Turmeric) for pain
- Refer for Career counseling
- Encourage patient to get Increased coverage through ACA (Affordable Care Act)
- R/O ADD, PTSD, and Social Anxiety

There are limits on Physician Treatment. Why?

- There are deep seated social and economic factors
- Naloxone and drug rehab will never treat:
  - Joblessness
  - Poverty
  - Lack of economic opportunity
  - and helplessness
- Medical remedies are only part of the answer

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