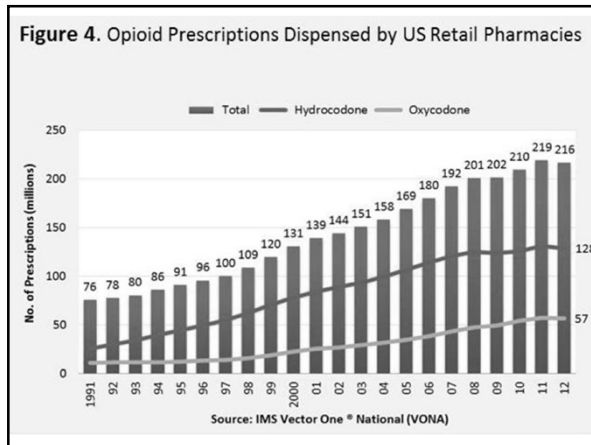


### MSU med students see the good, the bad, and the ugly in Cuban health care system

By TRACY SAMULTON • MAY 13, 2016

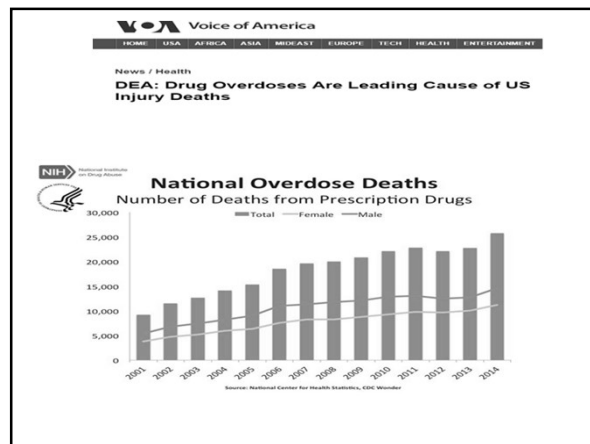
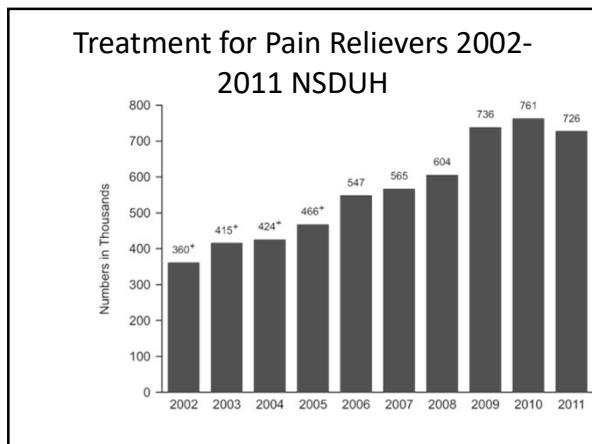
Jack Swan says it appears that Cuban doctors seem to look at pain as a symptom that aids diagnosis, rather than a condition that requires treatment.



- PONTIAC -- While the state's overall population decreased slightly between 2007 and 2014, the use of addictive prescription pills in Michigan quadrupled.
- The number of Schedule II drug dosages -- usually equivalent to a pill -- exploded from 180 million in 2007 to 745 million by 2014, according to the state's prescription tracking system, known as MAPS.
- That's equivalent to about 75 pills prescribed to every man, woman and child in the state in 2014.

### 7374 students (H.S. seniors) from 3 independent cohorts 12.9% reported nonmedical use of prescription opioids

McCabe S, West BT, Teter CJ, Boyd CJ. Medical and Nonmedical Use of Prescription Opioids Among High School Seniors in the United States. *Arch Pediatr Adolesc Med.* 2012;166(9)



### Policy statement, ASAM 2012 ...

... “there is emerging data to suggest that when primary care physicians are targeted for focused education regarding pain, pain medication prescribing, and assessing patients for risk prior to the initiation of opioid analgesic therapy, trends in opioid overdose deaths can be reversed.”

<http://www.asam.org/docs/public-policy-statements/1-counteract-drug-diversion-1-12.pdf>

Special Communication  
April 19, 2016 FREE

### CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016

Deborah Dowell, MD, MPH<sup>1</sup>; Tamara M. Haegerich, PhD<sup>2</sup>; Roger Chou, MD<sup>3</sup>

> Author Affiliations | Article Information  
JAMA. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464

Editorial Comment | Related Articles | Author Interview

#### Abstract

**Importance** Primary care clinicians find managing chronic pain challenging. Evidence of long-term efficacy of opioids for chronic pain is limited. Opioid use is associated with serious risks, including opioid use disorder and overdose.

**Objective** To provide recommendations about opioid prescribing for primary care clinicians treating adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care.

### ASAM The Voice of Addiction Medicine

American Society of Addiction Medicine

- “Studies have shown that physicians have not received adequate education about the potential psychiatric and addiction consequences of the decision to prescribe scheduled medication”
- “Most practicing physicians have had little if any formal training in addiction.”
- **“Confusion still exists whereby some clinicians mistake physical dependence (tolerance and withdrawal) for addiction”**

Public Policy Statement on Measures to Counteract Prescription Drug Diversion, Misuse and Addiction - ASAM BOD, 01/25/12.

### Doctors Training in Addiction

- National survey of residency training directors found that 56.3% had addiction in required curriculum which ranged from 3-12 hours
- CASA Columbia reviewed board certification exams in 6 medical specialties that interact most often and regularly with patients who may have SUD issues and found that it ranged from 0-2% of the exams.

<http://www.casacolumbia.org/addiction-research/reports/addiction-medicine>

Academic Psychiatry  
June 2016, Volume 40, Issue 3, pp 454-460

### The Time is Now: Improving Substance Abuse Training in Medical Schools

Authors: Anita Ram, Margaret S. Chisolm

In Depth Article: Commentary  
First Online: 07 March 2015  
DOI: 10.1007/s40596-015-0314-0

Cite this article as:  
Ram, A. & Chisolm, M.S. Acad Psychiatry (2016) 40: 454.  
doi:10.1007/s40596-015-0314-0

26 Shares 252 Downloads

- Many studies report that physicians fail to adequately screen/diagnose and manage substance use and abuse
- In one report, less than one third of primary care physicians carefully screened for substance abuse.
- Even when patients are accurately diagnosed, physicians report lacking confidence at discussing and treating substance use disorders.
- In a US survey of 1082 physicians, only 55 % reported routinely offering formal treatment referrals to patients with illicit drug use and 15 % reported conducting no interventions at all for these patients.

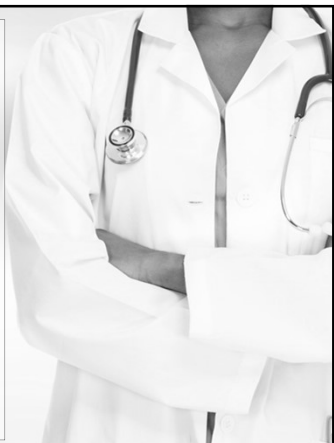
Subst Abuse, 2013,34(4):363-70. doi: 10.1002/9781118139754.013

### Internal medicine residents' training in substance use disorders: a survey of the quality of instruction and residents' self-perceived preparedness to diagnose and treat addiction.

Wassenaar SE<sup>1</sup>, Saporito MJ, Pham-Kanter LS, Campbell EG

- Twenty-five percent of residents felt unprepared to diagnose and 62% felt unprepared to treat addiction.
- 13% felt very prepared to diagnose addiction
- Seventy-two percent of residents rated the quality of addictions training as poor or fair

29.5% of patients (in treatment for addiction) said their physicians knew about their addiction and prescribed psychoactive drugs such as sedatives or Valium.



[www.centerforhealthandjustice.org/BOSUDsandPrimaryCare.pdf](http://www.centerforhealthandjustice.org/BOSUDsandPrimaryCare.pdf)

Safe, New Meds?



A good morning after a sleep-through night

That's how a patient feels after a restful night's sleep provided by Quaalude-300 (methaqualone).

He wakes up alert and ready to face the demands of the day (Quaalude patients usually awaken easily and without evidence of "hangover," because he slept well all night (Quaalude usually helps produce 6 to 8 hours of restful sleep) ... and he didn't have to lie awake for a long period of time before he went to sleep. (Quaalude can induce sleep in 10 to 30 minutes). Now the physician has one less tired, sleepy and apprehensive patient to contend with.

Non-barbiturate Quaalude-300 is chemically unrelated to other sedative-hypnotics. Its therapeutic value has been established in controlled clinical studies and by wide usage of methaqualone throughout the world.

Side effects experienced have been mild, transient, and have often proved to be statistically insignificant when compared to placebo-effects. (See brief summary on last page of advertisement.)


For these reasons, maybe the prescribing physician sleeps a little better, too.

a non-barbiturate  
**Quaalude-300**  
(methaqualone)  
100 mg tablets

WILLIAM H. ROEHR, INC.  
Fort Washington, Pa. 19034



HEALTH POLICY AND ETHICS



6. Mamlin J, Kimayo S, Nyandiko W, Tierney W, Eitner R. *Academic Institutions Linking Access to Treatment and Prevention: Case Study Geneva, Switzerland*: World Health Organization, 2004.

7. Eitner R, Kimayo S, Mengochi H, et al. Responding to the HIV pandemic: the power of an academic medical partnership. *Acad Med*. 2007;82:812-818.

8. Coates J, Swindale A, Bilinsky P. *Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide*. Washington, DC: Food and Nutrition Technical Assistance Project, Academy for Educational Development, 2006.

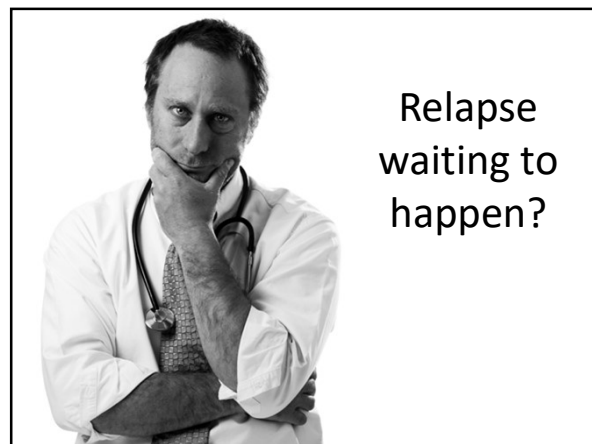
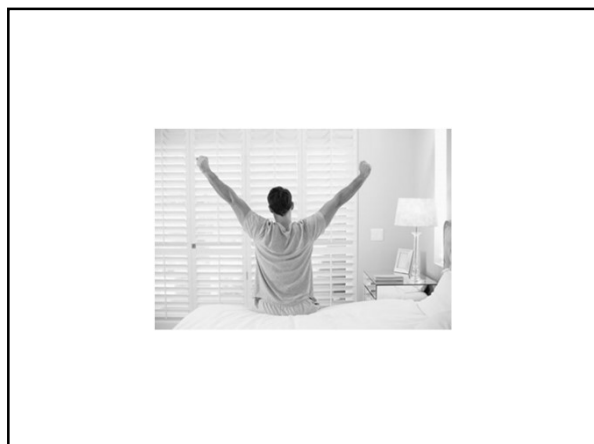
9. Manton B, De Cock K. Multivitamin, nutrition, and antiretroviral therapy for HIV disease in Africa. *N Engl J Med*. 2004;351:78-80.

## The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy

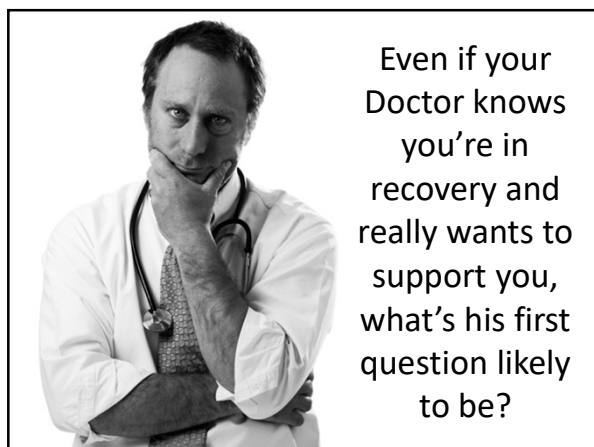
| Art Van Zee, MD

I focus on issues surround- prescribed. An in-depth analysis of of the drug compared with other The promot

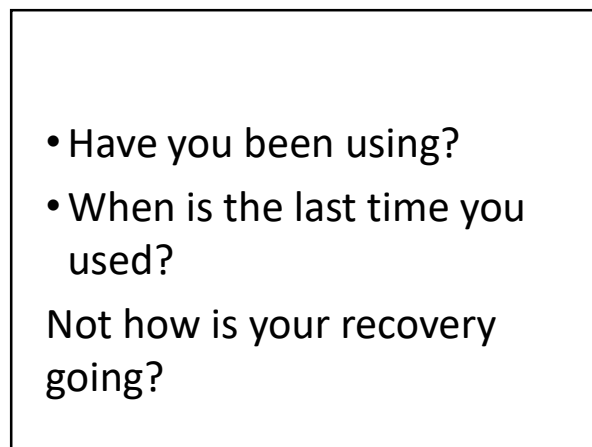




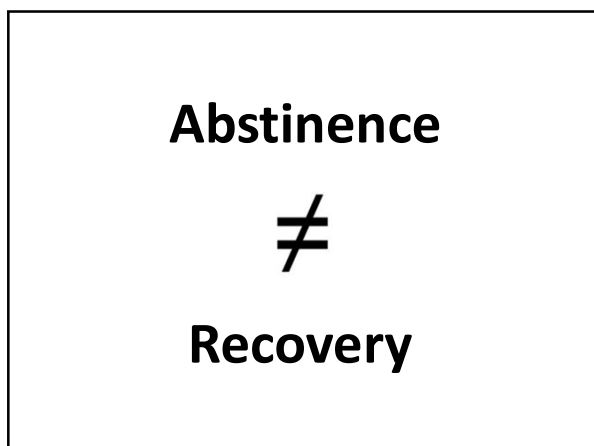
Relapse waiting to happen?



Even if your Doctor knows you're in recovery and really wants to support you, what's his first question likely to be?



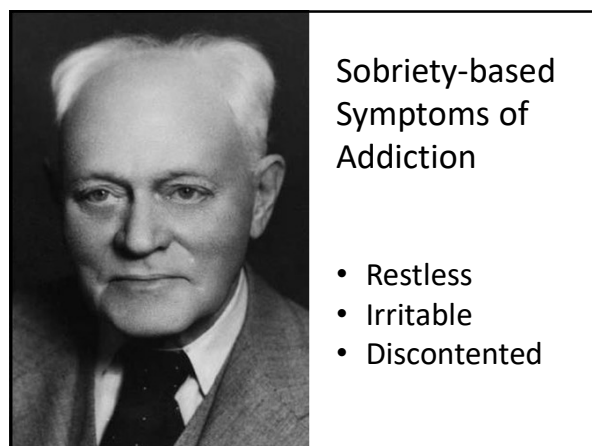
- Have you been using?
  - When is the last time you used?
- Not how is your recovery going?



**Abstinence**

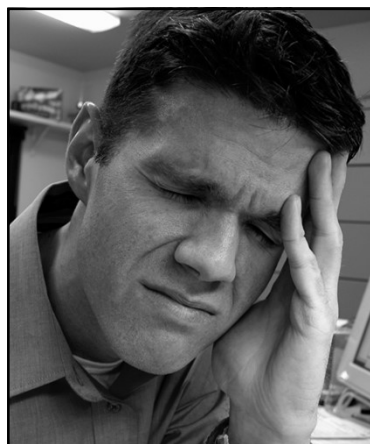
**≠**

**Recovery**




Sobriety-based Symptoms of Addiction

- Restless
- Irritable
- Discontented



**Feeling Crappy?**

- Headaches
- Insomnia
- Depression
- Anxiety
- Stomach problems
- Back pain
- Attention problems



TALBOTT RECOVERY CAMPUS

**Medication**

**Guide**  
For A Safe Recovery

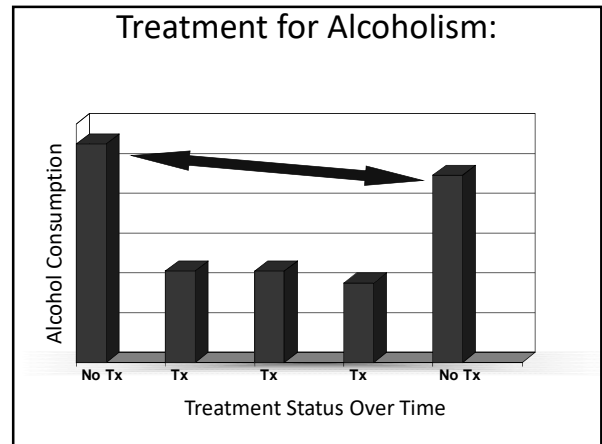
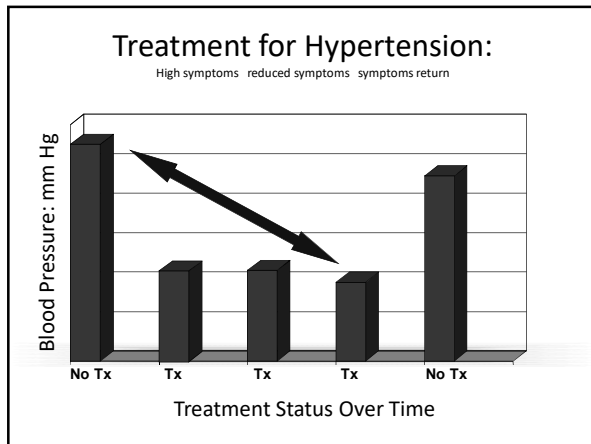


**So...**

- The doctor's office can be a dangerous place for recovering people
- Primary care is important

**Chronic Illness Management**

Addiction is a chronic illness and we tend to think of it as an acute one



**IS ADDICTION TREATMENT AS EFFECTIVE AS TREATMENT FOR OTHER HEALTH PROBLEMS?**

### How does asthma compare?

Medication compliance: 30%

Relapse Rate: 60 to 80%

### How does hypertension compare?

**Medication And Diet**

Compliance: 30%

Relapse Rate: 60-80%

### How does diabetes compare?

Medication, diet and foot care

Compliance: <50%

Relapse: 30-50%



### Alcoholism?

---




Compliance: 30-50%

Relapse: 50%

### Opiates?

---




Compliance: 30-50%

Relapse: 40%

### Tobacco?

---




Compliance: 30-50%

Relapse: 70%

### Cocaine?


---



Compliance: 30-50%

Relapse: 45%

**What happens when we treat addiction as a chronic illness???**



People like this guy find recovery!



### PHP'S

- Care management services for 5 years
- Residential, outpatient, therapy, family involvement
- Intensive monitoring
- Relapses are handled with swift re-intervention
- Sober social support including 12 step participation

**How do we give this kind of care to everyone else?**


1. They're different!	3. You have no stick!
2. Too expensive!	4. They're hopeless!

Dawn Farm has gotten pretty good at this

### Collegiate Recovery


The logo is circular with "UNIVERSITY OF MICHIGAN" at the top, a large "M" in the center, and "CRP" below it. The outer ring of the circle contains the text "COLLEGIATE RECOVERY PROGRAM".

### Recovery Ally!



### **Make This Guy an Ally**

- Prevent medication related relapses
- Pain plan
- Recovery-informed care



### **Make your Dr. an ally**

- Long term recovery support and monitoring
- Recovery check ups
- Rapid intervention/re-stabilization

- Talk to people in recovery about good providers in the community
- Ask potential Doc what they know about recovery
- Tell your Dr. you are in recovery
- Be assertive about what meds are not good for your recovery
- Plan ahead for emergencies

**Physician's Office: Friend or Foe**

Dawn Farm Education Series  
March 21, 2017  
Mark A. Weiner, MD  
Section Head, Addiction Medicine, SJMH-AA  
Pain Recovery Solutions, PC

**Declarations of Potential Conflicts of Interest**

- I have no financial relationship with any pharmaceutical company
- The content of this presentation is non-commercial and does not represent any conflict of interest or commercial bias
- I will mention the use of medications for indications that are not FDA approved (but you will be informed when that happens)

**Objectives**

- Learn how drugs act on our brains
- Very, very basic neurobiology of relapse
- Be able to tell your doctor you are in recovery
- Discuss issues regarding pain, insomnia, anxiety and depression in addiction
- LOTS of time for Q & A

### Basic Neurobiology of Addiction

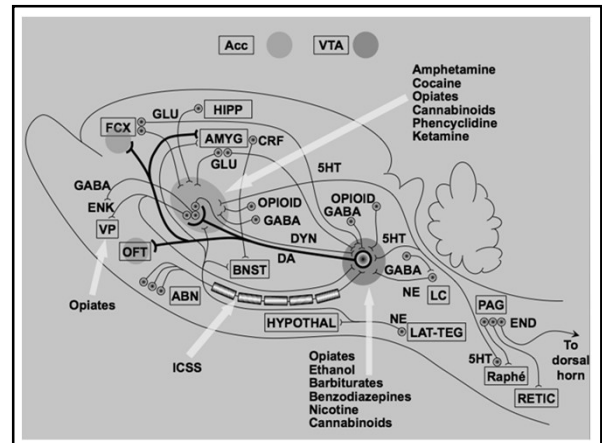
- Addiction requires activation of the “pleasure center” circuit
- This is a normal useful part of the brain which enhances our survival
- It make us feel good when we do things that keep us alive or reproducing (food, sex, shelter, etc)
- Involved in SALIENCE

### Basic Neurobiology of Addiction

- It is a very powerful modulator of memory, emotions, motivation and logic
- In addiction, this center is high-jacked and results in harm
- Once activated by addiction, it’s response is permanently altered
- It can be easily reactivated by drugs, cues and stress

### What is Salience

- Important
- That which is remembered most
- Meaningful
- Example of normal salience [ripe fruit -> good to eat -> color, location, season]



### “Pleasure Circuit”



Nucleus Accumbens (striatum)



Ventral Tegmental Area (midbrain)

### “Pleasure Circuit”

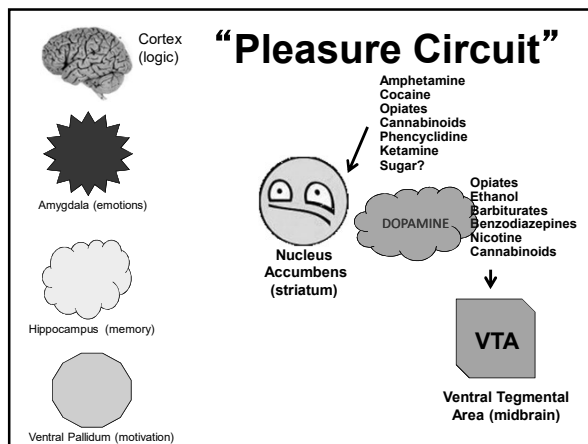
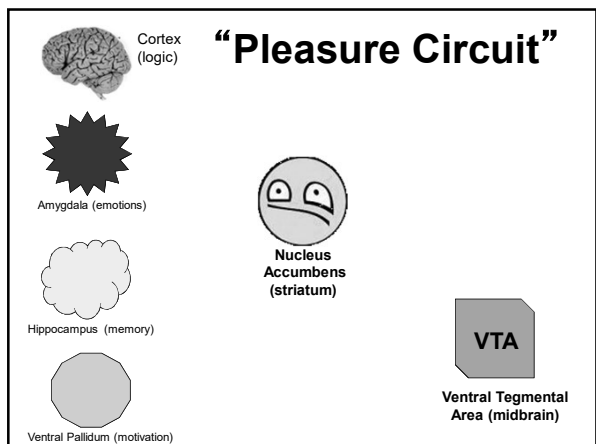
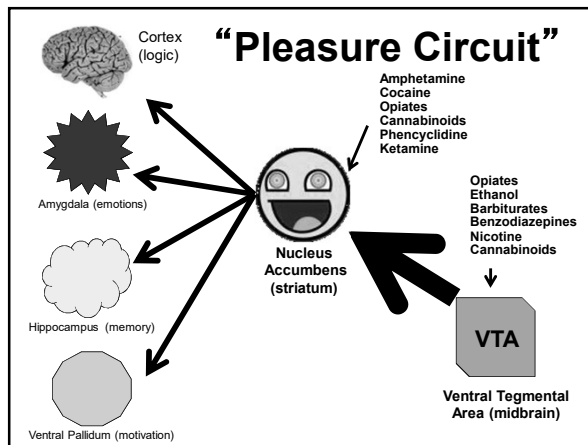
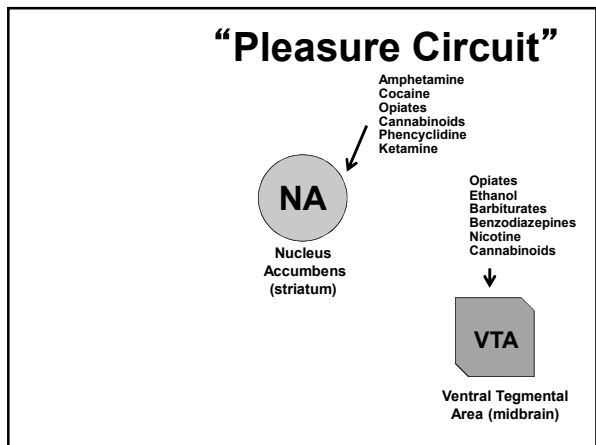
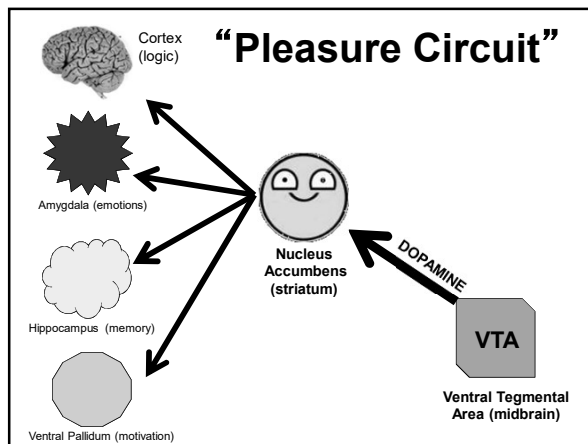
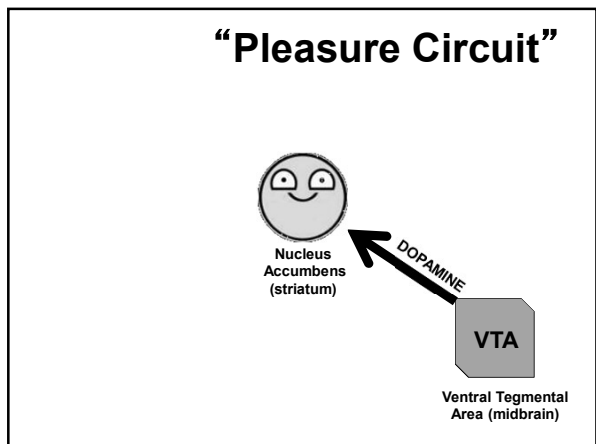


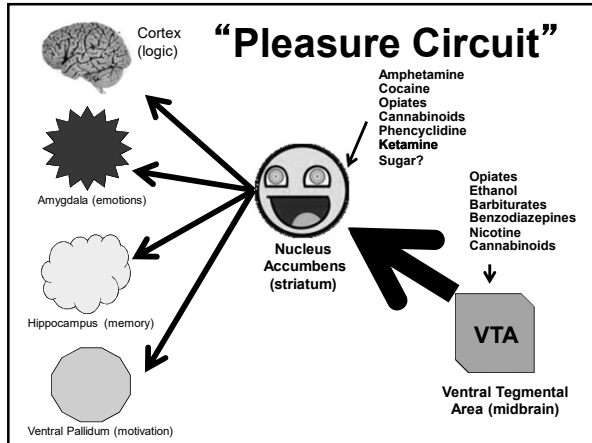
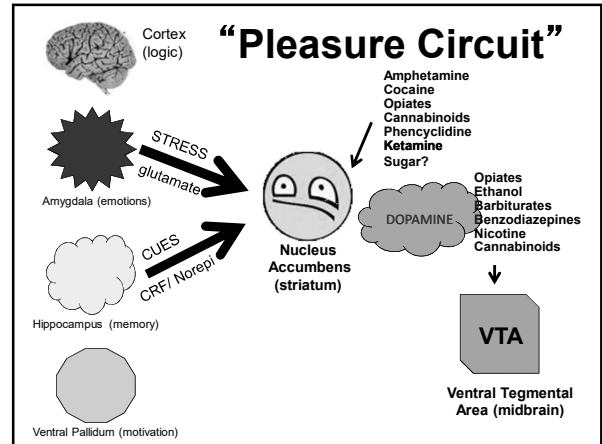
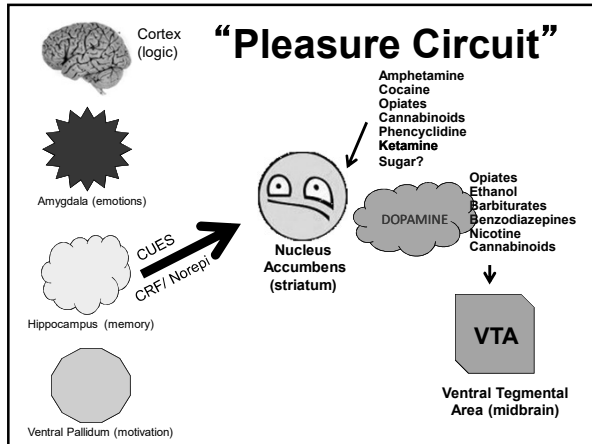
Nucleus Accumbens (striatum)



Ventral Tegmental Area (midbrain)

DOPAMINE



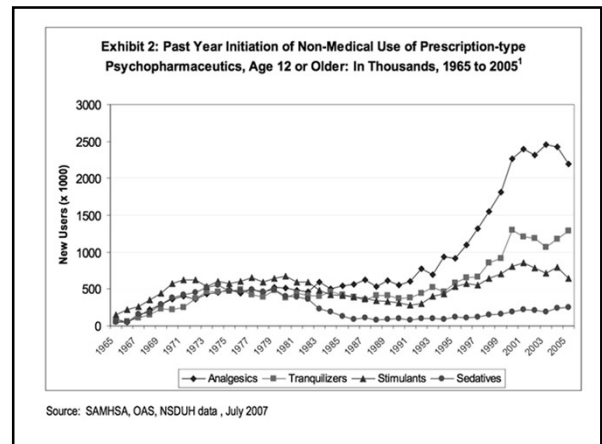


**Abnormally Salient**

- SO Important -> essential for life
- LONGEST LASTING MEMORIES
- “As important as oxygen”
- A Description of Abnormal Salience

**Are Prescription Drugs a “Drug Problem”**

• **YES!**





### How to Tell Your Doctors You Are In Recovery

- Tell them early
- “Doc, I am in recovery from drugs and alcohol. I need your help by not prescribing drugs that are addictive. Do you know enough about addiction to keep me safe?”
- Repeat yourself
- Repeat yourself

### Should Addicts and Alcoholics Be Denied Treatment

- NO!
- An addict or alcoholic, especially in early recovery, deserves the exact same level of care and relief of pain, insomnia, depression, anxiety, etc
- Ignoring these symptoms creates an unstable situation (likelihood for relapse)
- The care is different (can be better in some ways) than the care of the non-addict

### Why Do People In Recovery Go To The Doctor

- The same reason everyone does:
  - Pain (back, joint, headache, teeth => dentist)
  - Sleep problems
  - Concentration problems
  - Depression
  - Anxiety
  - Colds, coughs, etc.

### What is Narcotic / Non-Narcotic?

- Not a very useful term
  - A controlled substance (legal)?
  - A prohibited drug (legal)?
  - Causes sleep (ancient term)?
- Tramadol / Ultram
- Carisoprodol / Soma

*Take Home Point: Non-narcotic does NOT mean non-addictive!*

### Types of Problematic Medications

- Opiates
  - Vicodin, Vicoprofen, Norco, Lorcet, Percocet, Morphine, rx cough syrup
- Benzodiazepine Sedatives
  - Xanax, Ativan, Valium, Restoril, Ambien, Lunesta, Sonata
- Other sedatives
  - Fiorocet, Benedryl, many antihistamines
- Dissociatives
  - OTC cough syrup, dextromethorphan, DXM
- Steroids – prednisone???

### Types of Problematic Medications

- Stimulants
  - Adderal, Concerta, Ritalin
- Alcohol Containing Medication / Items
  - NyQuil 25% alcohol = 50 proof
  - Listerine 26.9%, Scope 18.9%, Signal 14.5%, Cepacol 14.0%, Listermint 6.6%
  - Beer 4-6%
  - Wine 13-15%
  - Brandy 35%

### Types of Problematic Medications

- Natural and Herbal
  - Does not mean it is safe
  - Valerian Root
  - Kava Kava
  - Kombucha
  - Anything that makes one sleepy, awake, changes mood or energy level is suspect

### Treating Pain In Addiction

- Fallacy: The best pain meds are opiates and we are saving them for the non-addicts
- The pain relieving effects of opiates involve direct action on the brain not the source of pain.
- Many other drugs are more effective at controlling pain (naproxen, Tylenol®) without CNS effects

### Treating Pain In Addiction

- The use of opiate pain medications (including tramadol) can lead to extreme cravings in addicts/alcoholics no matter how long they have been sober
- Patients who have had both experiences tell me the craving is far more miserable than any physical pain

### Treating Pain In Addiction

- Acute pain Treatment
  - NSAIDs – Motrin, Naproxen, Toradol
  - Other – Tylenol 8 hour
  - Ice
  - Rest, splint
- Chronic Pain
  - Buprenorphine? --- not necessarily safe, but definitely safer if opiates are being considered

### Anxiety In Addiction

- Social anxiety is nearly universal
- Newly recovering addicts have lost many friends and feel alone
- The drugs and alcohol were an effective coping mechanisms (with deadly side effects)
- This anxiety usually goes away with time



### **Anxiety In Addiction**

- We should not ignore the fact that 2-5% of people have generalized anxiety disorder
- Many primary care doctors and psychiatrists will prescribe addictive sedatives
- Benzodiazepines (Xanax, Klonopin, Ativan) often produce extreme cravings for alcohol

### **Anxiety In Addiction**

- There are MANY safe and non-addictive treatments for anxiety disorder
- Sedatives are slowly falling out of favor as even psychiatrists see the problems of abuse and dependence without relief of sx
- The symptoms of benzo withdrawal are indistinguishable from anxiety disorder
- May require assessment from and addiction psychiatrist

### **Insomnia**

- Very common in early recovery
- Natural sleep centers are not functioning properly
- Improves universally without medicine but may take a long time
- Most common sleeping medications can activate the addiction center
- May require assessment from and addiction psychiatrist

### **Insomnia**

- If problems persist and are interfering with job, responsibilities, etc., there are many safe alternatives
- Unfortunately many doctors believe that some very addictive sleeping meds are safe (ambien, lunesta, sonata)
- Some natural supplements can be helpful (melatonin)

### **Depression**

- Essentially universal in early recovery
- Often resolves quickly with full engagement in 12-step recovery
- If persistent, counseling or psychiatric assessment is warranted
- Medications may be necessary but often are not

### **Depression**

- Without an understanding of addiction, many psychiatrists arguably overprescribe leading to overmedication and poorer cognitive and social functioning

### Is There Such Thing As A Drug Of Choice?

- Any substance that activates the addiction center can cause relapse
- Generally the memory centers will drive the addict to a specific reinforcing drug
- Shark Tank Example

### Is There Such Thing As A Drug Of Choice?

*“The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called will power becomes practically nonexistent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink.”*

- Alcoholics Anonymous p. 24

### So What Do I Do Now?

- Be very careful about medication use
- Consult with a board certified Addiction Medicine doctor
- Call your Addiction Medicine doctor PRIOR to taking any new pills for pain, insomnia, sleep, depression, etc

### So What Do I Do Now?

- It is probably not a good idea to get advice on whether to start or stop any medication from your sponsor or recovery supports
- What is Tradition 10?  
*“Alcoholics Anonymous **has no opinion on outside issues**; hence the A.A. name ought never be drawn into public controversy.”*

# Q&A

### How to Contact Me

IHA  
734 622-5016  
mark\_weiner@ihacares.com

The End

**Thank You!!!!**