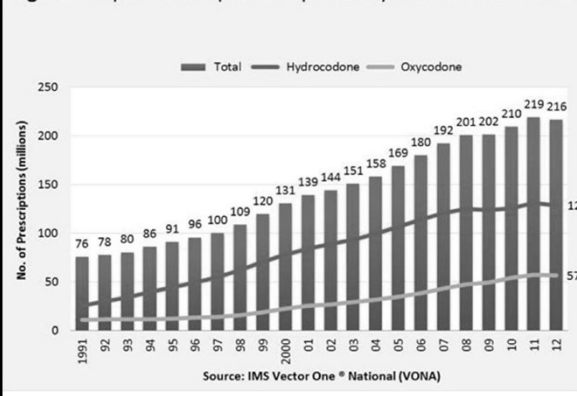


### MSU med students see the good, the bad, and the ugly in Cuban health care system

By TRACY SAMSTON • 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.

Figure 4. Opioid Prescriptions Dispensed by US Retail Pharmacies



- 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.

### Many Dr.'s Don't Know About Addiction

- 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>

- 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: 10.1093/abbs/kft077.2013.797540

**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.**

Wakeman SE<sup>1</sup>, Baggio JM<sup>1</sup>, Pham-Kanter G, 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/BOSU/DsandPrimaryCare.pdf](http://www.centerforhealthandjustice.org/BOSU/DsandPrimaryCare.pdf)

**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>

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

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They often don't know enough about recovery



**Feeling Crappy?**


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



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?”  
 Probably not “How is your recovery going?”

**Abstinence**  
 $\neq$   
**Recovery**



Sobriety-based Symptoms of Addiction

- Restless
- Irritable
- Discontented

**Recovery is Lifestyle Medicine**

**American Board of Lifestyle Med.**  
 Chronic disease is now responsible for 70 to 80% of all health care expenditure, yet most health professionals treat chronic disease the same way they treat communicable disease: with pills and injections. While this might temporarily relieve acute symptoms, it does not address the underlying cause of the chronic disease.

**American College of Lifestyle Med.**  
*Lifestyle Medicine involves the use of evidence-based lifestyle therapeutic approaches, such as a predominantly whole food, plant-based diet, exercise, sleep, stress management, alcohol moderation and tobacco cessation, and other non-drug modalities, to prevent, treat, and, oftentimes, reverse the lifestyle-related, chronic disease that's all too prevalent.*

**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 20 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 reported 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)

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

HEALTH POLICY AND ETHICS

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

Art Van Zee, MD

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

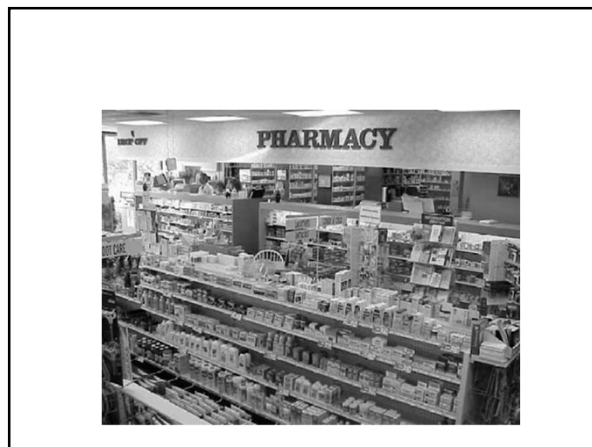
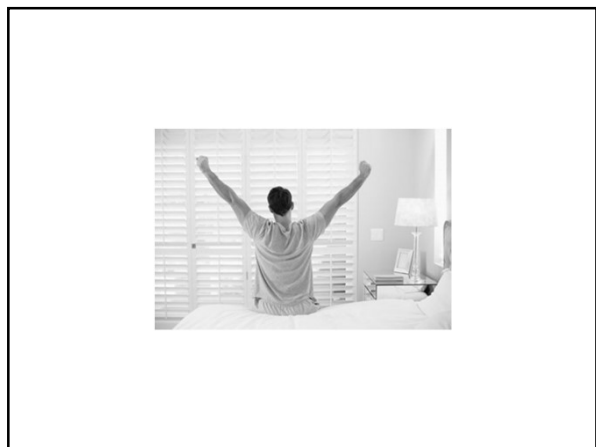
Gabapentin



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### OTC'S

- Benadryl (Diphenhydramine)
- Dextromethorphan
- Tavist (clemastine)
- Chlor-Trimeton (chlorpheniramine)
- Pseudoephedrine
- Phenylephrine

TALBOTT  RECOVERY CAMPUS

**Medication**  
**Guide**  
For A Safe Recovery

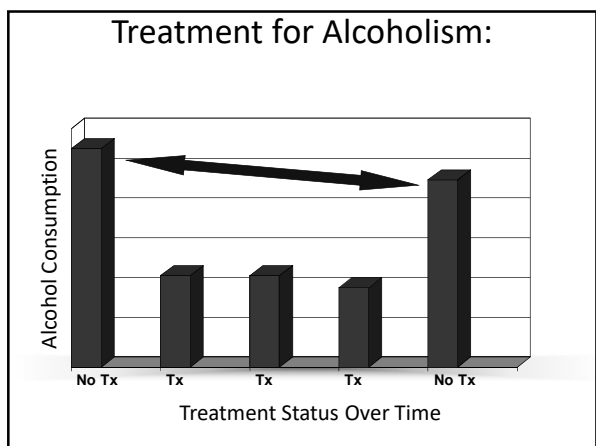
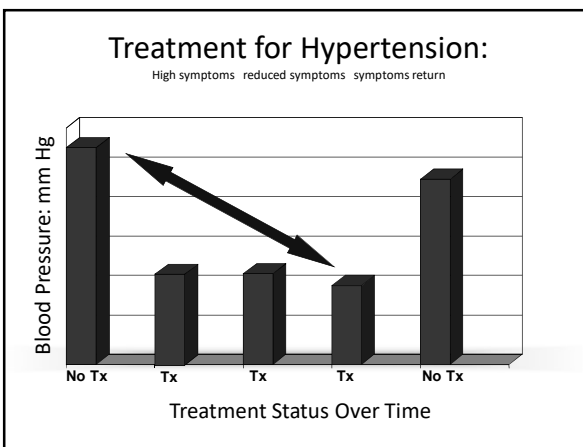


**So...**


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

**Chronic Illness Management**

Primary Care is helpful  
We don't think of addiction this way



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

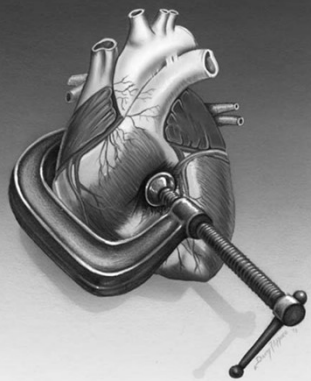


### How does asthma compare?

---

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!



**Setting the standard for recovery: Physicians' Health Programs**


Robert L. DuPont, M.D., A. Thomas McLellan, Ph.D., William L. White, M.A., Lisa J. Mott, Ph.D., Max S. Gold, M.D.

**Abstract**

A sample of 664 physicians consecutively admitted to 16 state Physicians' Health Programs (PHPs) was studied for 5 years or longer to characterize the outcomes of this episode of care and to explore the elements of these programs that could improve the care of other addicted populations. The study consisted of two phases: the first characterized the PHPs and their system of care management, while the second described the outcomes of the study sample as revealed in the PHP records. The programs were abstinence-based, requiring physicians to abstain from any use of alcohol or other drugs of abuse as assessed by frequent random tests typically lasting for 5 years. Tests rapidly identified any return to substance use, leading to swift and significant consequences. Remarkably, 78% of participants had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring. All post-treatment follow-up 72% of the physicians were continuing to practice medicine. The unique PHP care management included close linkages to the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous and the use of residential and outpatient treatment programs.

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

Dawn Farm has gotten pretty good at this



## Collegiate Recovery



## 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  
October 24, 2017  
Mark A. Weiner, MD  
Section Head, Addiction Medicine, SJMH-AA  
IHA Pain Management Consultants

### 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

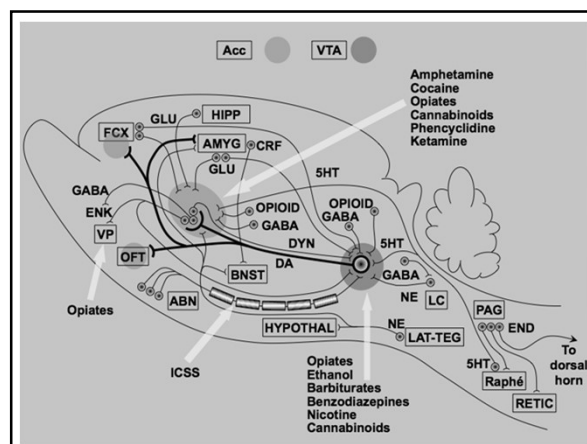
- Addiction requires activation of the “pleasure center” circuit
- This is a normal useful part of the brain which enhances our survival
- It make us feel good when we do things that keep us alive or reproducing (food, sex, shelter, etc)
- Involved in SALIENCE

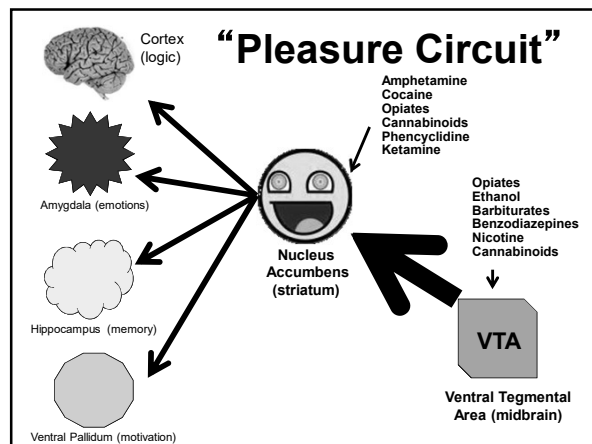
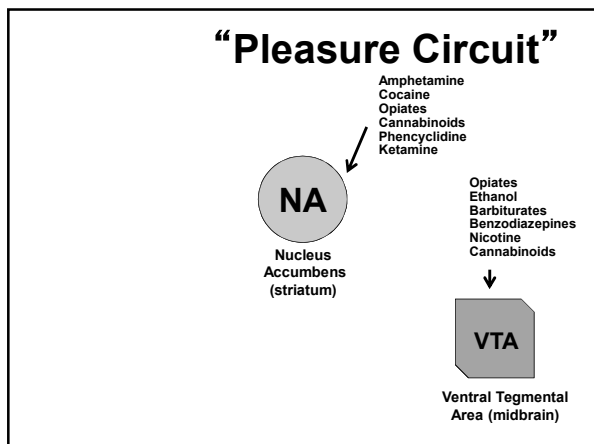
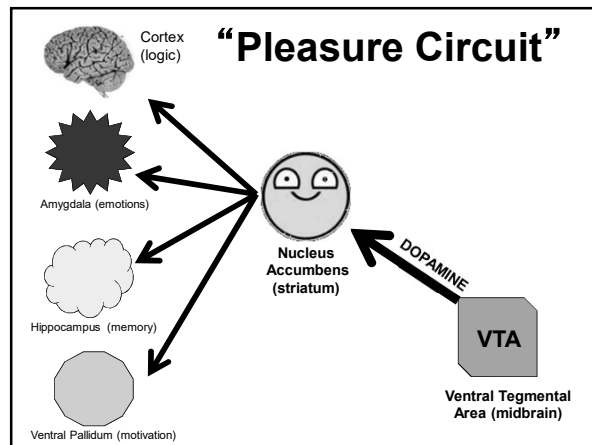
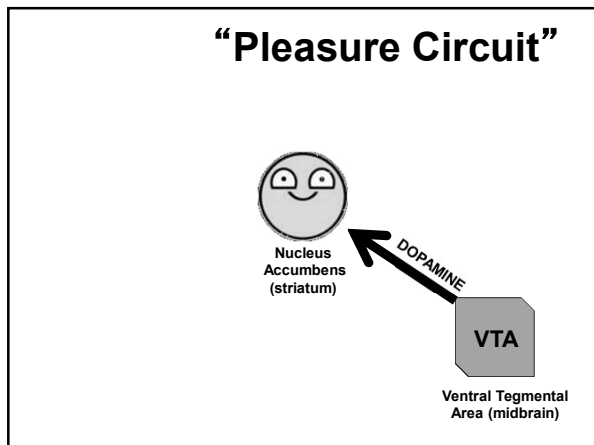
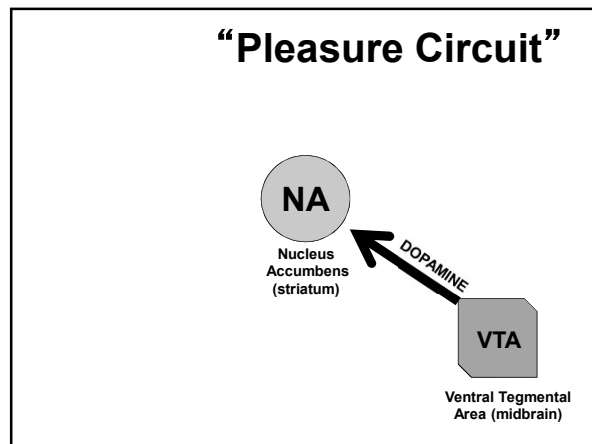
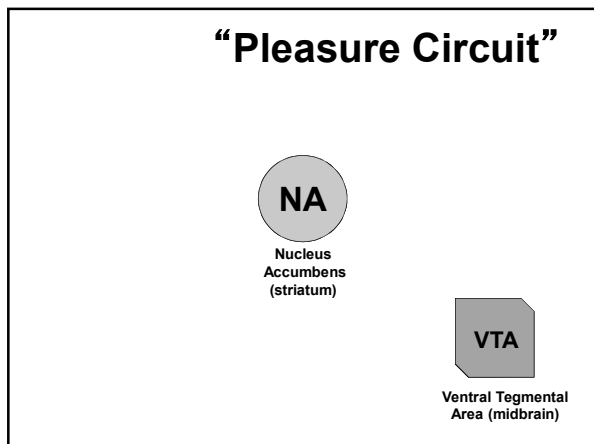
### Basic Neurobiology of Addiction

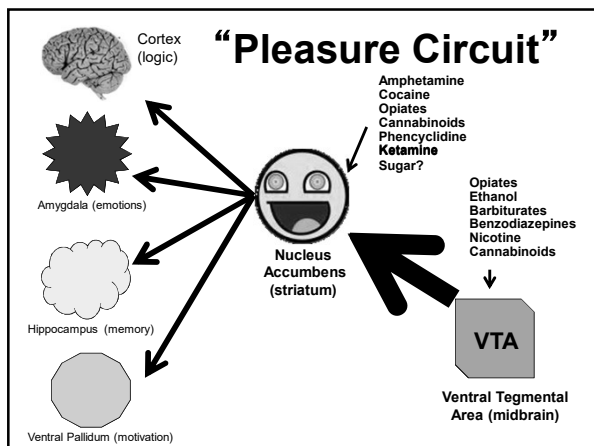
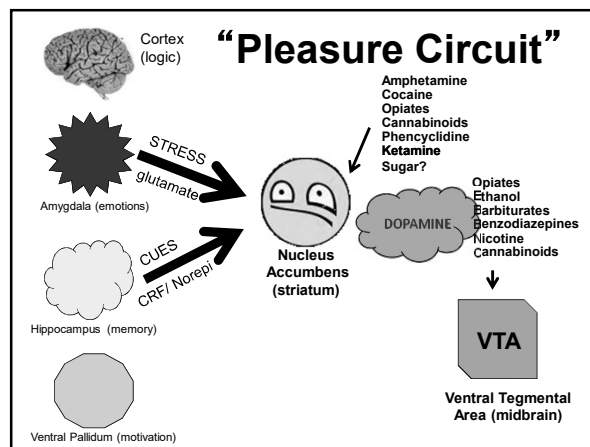
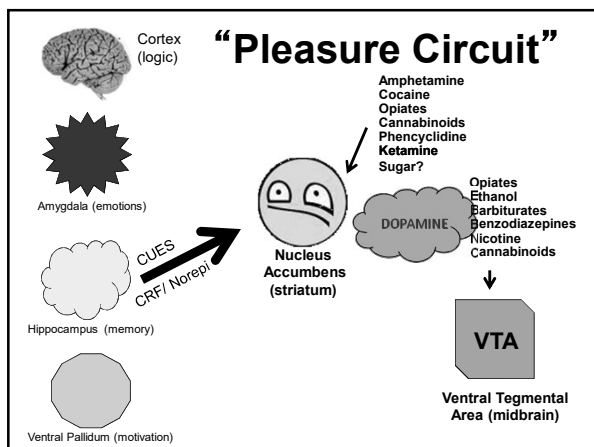
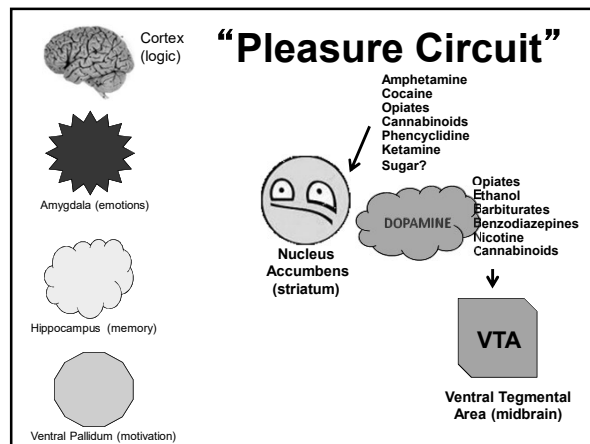
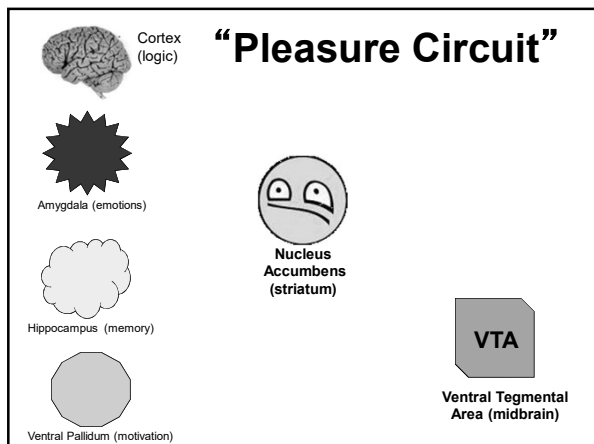
- It is a very powerful modulator of memory, emotions, motivation and logic
- In addiction, this center is high-jacked and results in harm
- Once activated by addiction, it's response is permanently altered
- It can be easily reactivated by drugs, cues and stress

### What is Salience

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







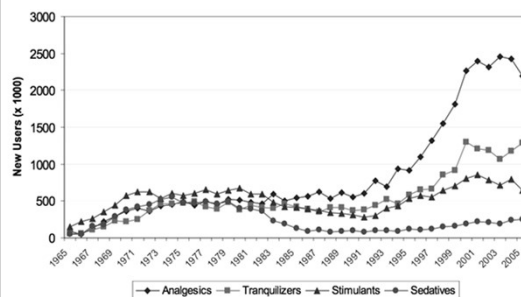
### Abnormally Salient

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

## Are Prescription Drugs a “Drug Problem”

• **YES!**

Exhibit 2: Past Year Initiation of Non-Medical Use of Prescription-type Psychopharmaceuticals, Age 12 or Older: In Thousands, 1965 to 2005<sup>1</sup>



Source: SAMHSA, OAS, NSDUH data, July 2007



## 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, Benadryl, 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!!!!**