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THE FOUR SECRETS -- AND THE
OPIOID EPIDEMIC
Dr. Lloyd Sederer is a psychiatrist and public health doctor. The opinions offered today are entirely his own.

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The Four Secrets

Today I am going to tell you a number of stories, without much ppt, about how we all can improve our health and mental health, including averting and recovering from addictions, like to opioids.

There are 4 Secrets, which I call Secrets Hiding in Plain Sight.
What Doesn’t Work with Addiction?

What failed approaches still persist?

1. **Control Strategies**
   - Crop Eradication, Border Interdiction, ‘Build a Wall’, Buy and Bust, Prohibition
   - $20 billion/year in USA, and soon to be more; $100 billion/year world wide

2. **“Accentuating The Negative”**
   - Harping on the consequences of abuse – *It’ll kill you!, you’ll lose your job, destroy your family, etc.*
   - “Just Say No”
   - Send officers in blue to schools, or former incarcerated people to spread terror
   - DARE programs
Why Do People Use Drugs?

- Every society, globally, has used intoxicants – dating back to the Stone Age
  ◦ Except the Inuit…until the white man came

- I believe the problem with drugs is that they are so effective!
  ◦ Immediacy and potency of action
  ◦ Relieve physical and psychic pain
  ◦ Transport us from the everyday and mundane

- And then it gets worse
  ◦ Because once dependent, withdrawal becomes the state to be avoided
    ◦ And the ‘solution’ becomes more drug
    ◦ “Man takes a drink, drink takes a drink, drink takes the man”

- Any approach to the opioid epidemic needs to start with the premise that people use drugs because they are so effective....
Four Secrets to Tackling the Opioid Epidemic
Addictive behaviors come in a variety of forms: drinking too much, gambling, a variety of drugs - with our focus today on opioids.

Drugs work, until they don’t...

Addiction persists despite great harm to loved ones, work and school, financial solvency, health, even the risk of incarceration

- This type of behavior can perplex us (not just in patients, but also relatives, friends and coworkers).
- Seems contrary to a person's interest, defying reason.

But opioids (and other drugs) are powerful activators of the brain's reward center

- But they mute everyday sources of pleasure.
- Family, friends, work, eating, sex are drained of their dopaminergic power, and the opioid becomes the primary source of pleasure.

Everything else pales in comparison...
The First Secret: Behavior Serves A Purpose (Slide 2)

And it gets worse:

After not very long, a person starts to experience the misery of dropping levels of dopamine.

◦ The solution is to take more drug.
◦ A cycle of intoxication and withdrawal then dominates a person's life and its centerpiece is acquiring more opioids

I believe that people take opioids, all drugs for that matter, because at first they work; they are balms for physical and psychic pain, even for escape from the mundane of everyday life.

What that means, and the basis of any effort to help, personal or professional, is appreciating that a person is using for a purpose, their behavior serves a purpose – perhaps not very well, but the best they have mustered so far.
The First Secret: Behavior Serves A Purpose (Slide 3)

Addictive Behavior Serves A Purpose – that’s the 1st Secret

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It is the first step in establishing a therapeutic alliance with patients, and starting a conversation with family, friends and co-workers

It is the foundation for Motivational Interviewing efforts

(MI skills introduction - https://www.youtube.com/watch?v=s3MCJZ7OGRk)

It’s how we can shed light on what has become a dark and troubling matter
That’s what we can do when we see this...
Some of you may know of the work of psychologist Bruce Alexander?

In the 1970’s he did a series of experiments called “Rat Park.”

Previous studies had shown that rats put alone in a cage with 2 bottles to drink from, one with water and the other with either heroin or cocaine, would imbibe until they overdosed and died.
The isolated cage rats began drinking the morphine far earlier than the Rat Park rats...

...and in much higher volumes:

cage consumption was up to 19x higher than Rat Park at certain dosages.
Alexander put rats in colonies in large cages.
- They could run about, play, socialize, have sex, etc.
- They too were given the choice of the 2 bottles.
- But not a one overdosed or died, preferring instead the bottle with plain old water.

The Power of Attachment through a social community (of rats) beat the power of drugs.
Another example takes us back to the Vietnam War.

- One in five soldiers were using heroin frequently, several times a week or more.

- There was great concern at the DOD that many would return to the US hooked on heroin, and greatly increase the population of heroin addicts in our country.

- The DoD turned to Dr. Norm Zinberg, at Cambridge Hospital/Harvard Medical School, to assess the problems with drugs in Vietnam and report back.
Zinberg was asked to answer questions like:

◦ When the soldiers returned would they go into withdrawal?
◦ Would they continue to use, destroying their families and communities?
◦ Would they resort to criminal behavior to support their drug habit?

Zinberg concluded “no” to all these questions.
◦ He predicted that these men would return home and have no greater dependence on opioids than the general population.

And he was right.
The Second Secret: The Power of Attachment (Slide 5)

Their attachments to their families, communities and service prevailed over their attachment to heroin.

They left their drug use in the jungle, the “cage” of terror that had been their lives in Vietnam.

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The Power of Attachment --- that’s the second secret, hiding in plain sight.
I want to tell you a story about Medical Standards of Care.
  ◦ *Those are a big thing nowadays*

This story is about the Medical Standard of Care for Battlefield Wounds.
  ◦ And it will sound so preposterous you may do a fact check!

In 1700 BC, on papyrus, an Egyptian physician inscribed the proper care of battlefield wounds.
  ◦ He wrote, “remove the debris, wash gently with water, and cover for natural healing.” A gentle, less is more approach to medical care.

This standard prevailed for near to 3,000 years.
  ◦ Then gunpowder was invented.
  ◦ Within a few hundred years the principal battle wounds in soldiers who did not die were gunshot wounds.
By the 14th C, the standard for treating battlefield GSWs was to pour boiling oil on the wound.

- This disastrous standard prevailed for 200 years throughout Europe.
- Only when, in the 16th C, a French physician ran out of oil on the battlefield did practice change.
  ◦ Lacking oil, the surgeon removed debris from the wound, poured some innocuous liquid on it, and covered it for natural healing.

The gentle standard of less is more was restored, and many a soldier went on to survive.
Fast forward to late in the 20\textsuperscript{th}C.
  ◦ Chronic pain, a long standing and ubiquitous problem in this country and throughout the world, underwent a great change in its standard of care.

\textit{Two things} principally happened:
  ◦ Pain was dubbed the “5\textsuperscript{th} vital sign - became an accreditation requirement! And helped catapult pain to something that must be treated (!) – and created the opportunity for ...
  ◦ Purdue Pharmaceuticals! And the explosive growth in the sales and distribution of opioids, especially OxyContin!

\textit{Follow the money!}
National OD Deaths, by type of drug 1999-2010

Number of Deaths

Year

Opioids
Heroin
Cocaine
Benzodiazepines
Overdose Deaths Involving Opioids, United States, 2000-2015

- Any Opioid
- Commonly Prescribed Opioids (Natural & Semi-Synthetic Opioids and Methadone)
- Heroin
- Other Synthetic Opioids (e.g., fentanyl, tramadol)

Opioid Sales, Admissions & Deaths
1999-2010

- Opioid Sales KG/10,000
- Opioid Deaths/100,000
- Opioid Treatment Admissions/10,000
The Third Secret: As A Rule, Less is More (Slide 4)

What did not happen was an approach informed by common sense, that As A Rule, Less Is More.

*We didn’t turn to:*

- PT
- Mindfulness, meditation, yogic (slow breathing).
- Nor to the tincture of time and human support that healing requires
National Overdose Deaths
Number of Deaths from Heroin and Non-Methadone Synthetics (captures illicit opioids)

Source: National Center for Health Statistics, CDC Wonder
The Third Secret: As A Rule, Less is More (Slide 5)

Instead, of a gentle, less is more approach our field – doctors and our patients sought immediate relief from prescription analgesics. - Which were promoted as not causing tolerance and dependence.
- Take a look at the Purdue ads swearing to that effect.

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As A Rule, Less is More - that’s the third secret, hiding in plain sight.
The Fourth Secret: Chronic Stress/Inflammation is the Enemy

We all lead lives prone to chronic stress and inflammation. Not enough sleep, a harried, overscheduled life, increasing demands, expectations of ourselves that we create, little attention to diet and exercise.
The Fourth Secret: Chronic Stress/Inflammation is the Enemy (Slide 2)

We have outstripped our body’s ancient stress response system.

- Robust, productive lives promote chronic stress and inflammation.

**Chronic inflammation** is associated with:

- Laying down nasty, fatty plaques in our heart and brain arteries.
- Eating away the beta cells in our pancreas, creating first insulin insensitivity, then diabetes.
- Producing a steady flow of cortisol, the body’s stress hormone, which reduces our immune competence.
- *And* chronic inflammation highly associated with:
  - Depression, PTSD, even schizophrenia.
  - And the diseases of aging, like heart disease, stroke, osteoporosis and dementia.
Hypothalamic - Pituitary - Adrenal Axis

- Hypothalamus
- Anterior pituitary
- Adrenal glands
- Cortisol and androgens
- Adrenocorticotropic hormone
- Corticotropin releasing hormone

- Illness
- Stress
- Time of day

+ Positive Feedback
- Negative Feedback
The Fourth Secret: Chronic Stress/Inflammation is the Enemy (Slide 3)

What are the most available, and most immediately effective “solutions” to chronic stress and inflammation?

- Alcohol
- Tobacco
- Marijuana

And, of course, opioids.

- Prescription analgesics like OxyContin, Vicodin, Percodan, and the regular, even predictable progression to heroin.
The Fourth Secret: Chronic Stress/Inflammation is the Enemy (Slide 3)

Telomeres

– Do you know about them? If not, you really want to.

- Elizabeth Blackburn – Nobel in Medicine in 2009 for work on telomeres, the protein caps at the end of our DNA.

- Blackburn has demonstrated the role of short telomeres in a host of mental health and physical health conditions.

- And she has demonstrated how we can slow the erosion of our telomeres, and even increase their protective length.
The Fourth Secret: Chronic Stress/Inflammation is the Enemy (Slide 4)

Our telomeres:

- Don’t like processed food, sugary beverages, too many French fries; they like fish and vegetables, aka The Mediterranean Diet.
- They like a good night’s sleep; sleep is restorative.
- They like exercise; 10,000 steps a day.
- They like healthy, supportive relationships; they really don’t like people who are hurtful to us.
- They like any number of mind-body activities, like yoga, meditation, mindfulness, and yogic (slow breathing).
Addictions are solutions, not good ones, but solutions to stress, physical and psychic pain. There are many healthy alternatives, especially those our telomeres like! 😊
What Can We Do? : Prevention

*Universal programs* aim to reach all youth, whether they are at known risk or not (also known as primary, universal prevention).

- *Life Skills Training* (LST). LST curricula are available for elementary schools; middle or junior high schools; and high schools
- Students are taught problem-solving and decision-making skills, which help them resist peers and media encouraging drug use (“drug-resistant skills”), coping mechanisms, and methods to manage stress and anxiety.
- LST has been shown to have sustained effects with preventing tobacco, alcohol and marijuana use as well as binge drinking (Institute of Medicine).
What Can We Do? : Prevention (Cont’d)

**Selective programs** are those aimed to reach youth exposed to known and high levels of risk for a condition, but have not yet become symptomatic (also known as primary prevention for at risk groups).

- ACES: Detection And Intervention - in schools, pediatric practices, mental health clinics, faith-based organizations
- BIG BROTHER/BIG SISTER

**Indicated programs** are those for youth showing behavioral health problems.

- *Brief Alcohol Screening and Intervention for College Students (BASICS)* program. For college students with heavy drinking or alcohol-related problems (eg, accidents, poor class attendance and performance, sexual assault and violent behavior.
- The time is right, as well, for introducing and broadly disseminating SBIRT for youth.
Behavior Serves A Purpose

- First appreciate the purposes served and then offer alternatives to prevent drug use in the first place or enable a person to move from the harm of drug use (legal and illegal), and its unsafe practices to alternative ways of changing how we feel and think.
- Exercise
- Mind-Body Activities: yoga, meditation, mindfulness, yogic (slow) breathing.
- The “meaningful engagement of talents.” (Milkman & Sunderwirth, 1998) – e.g., art, dance, music, sport, care-taking.
- Faith and Spirituality
What Can We Do? : Principles of Good Treatment

Treatment should be evidence-based or evidence-informed
- All treatment should be measurement based, aimed at measurable goals, monitored and used to continuously improve care
- Screening for illnesses should be standard practice in primary care and schools, with early intervention when problems are detected

Treatment should be safe

Treatment should be collaborative
- “Shared-decision making”
- Patient preferences
- Collaboration extends, whenever possible, to families and friends

Similia Similibus Curantur and Spiritus Contra Spiritum

Treatment should meet linguistic and cultural needs

Treatment should be recovery oriented
What Can We Do? : Treatment (1)

12 Step-Recovery: The “Blue Book” of AA prescribes its 12 steps, which are the path a person with an addiction must follow to recover and rebuild a life.

SMART (Self-Management and Recovery Training) RECOVERY: an alternative to AA; participants work to take control of their problems, not to regard themselves as being powerless.

Motivational Interviewing (MI)

Cognitive-Behavioral Therapy (CBT) – recall, Pavlov’s dogs salivated at the bell, not the food

Group Therapy - Including Relapse Prevention, Social Skills Training and How to Resist Drug Use
- + Skill Building Groups: teach and practice interpersonal and communication skills to provide participants with alternatives to “saying yes” to substances.
What Can We Do? : Treatment (2)

Contingency Management

Family Education and Skill Building

Medication Assisted Treatment (MAT)
- AGONISTS (at least in part) - Methadone and Buprenorphine.
- ANTAGONISTS - Naloxone and Vivitrol
  - OTHER AGENTS – Acamprosate; NAC (N-Acetylcysteine); Disulfiram; Psychedelic Drugs (!)

Mind-Body Activities: previously mentioned.

Stay the Course
What Can We Do? : Stigma

*The First Vector:* How medical and social service community can be the actors of stigmatization and discrimination against people with addictions.

*The Second Vector:* How individuals blame and shame themselves.

*The third vector:* It has been said that the measure of a society is how it treats its poor, disadvantaged and ill.

*Random acts of kindness, to others and ourselves are not to be underestimated in their power.*
Some Concluding Thoughts

There are 4 secrets to improving our health and mental health, hiding in plain sight.
- Especially in averting opioid (and other) addiction.
- And in enabling recovery.
The Four Secrets, Hiding in Plain Sight

- Behavior Serves A Purpose
- The Power of Attachment
- As A Rule, Less is More
- Chronic Stress/Inflammation is The Enemy
Lloyd I. Sederer, M.D.

IMPROVING MENTAL HEALTH

FOUR SECRETS
in Plain Sight

Foreword by
Patrick J. Kennedy
»IS OUT...
Thank you!

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