Opioid Epidemic and Relapse Prevention

Loretta Butehorn PhD CCH
Who I am

• Licensed psychologist (PhD)
• Certified homeopath (CCH)
• 40+ years in medical addiction treatment settings in New England
• 28 years experience in homeopathy
• Consultant to Dept. of Public Health, Dept. of Mental Health and Children's Services in MA, VT and NH on Substance Abuse
• National Center for Homeopathy Board Member
• Co Director 2 pro bono mental health/substance abuse clinics in MA
The Sidewalk and Brighton Homeopathic Collaborative
Because this talk is attended by both consumers and practitioners it will focus on

• What is the **medical problem** called addiction
• What is contributing to our **opioid crisis**
• **Homeopathic pain relief-acute and** chronic-when to self prescribe when to seek professional assistance
• What a **client experiences** when addicted **and they stop using**
• **PAWS**—the **acute state immediately** after detoxing and what homeopathically can help
Neurotransmitters

• Body produced “chemicals”
• Which help us do everything AND
• Feel like yourself
• Daily increase/decrease NT’s depending upon circumstances

• Head injury-mental health issues and substance use disorders—all impact same neurotransmitters
Metaphor of Addiction

Our NT “pump” shut down by “look alike” molecules (addictive substances)—
Message body gets is --don’t produce NT body is using “foreign imports”—
“Out source-ing” creates addiction
Use, Misuse, Dependence

Drug/alcohol use without consequence

Drug/alcohol misuse

Effect being sought

Addiction/dependence

Baseline functioning
Addiction is a medical condition caused by

**Overuse** of **drugs which directly mimic and finally replace** body’s neurotransmitters

**CAUSING**
- mood and functional changes
- short term and long term health consequences

**SEVERE cravings** for the drug if use is interrupted

- **Post Acute Withdrawal Syndrome** when first stop using
- Drugs include: alcohol, cocaine, methamphetamine, anti anxiety drugs (Valium, Xanax and other benzodiazepines) as well as **medically prescribed and recreational opioids**
If addicted

Addiction is to **ALL drugs** which replace neurotransmitters.
Following slides from Brain Spec Scans

Daniel Amends MD Brainplace.com
Healthy Brain
depression
Schizophrenia
During use-alcohol 17 yr hx
Coke 24 yr old/2 yr hx
39 yr old-25 yr heroin use
10 yr weekend pot use
Opioids--downers

• Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers
  • oxycodone,
  • hydrocodone, codeine,
  • morphine, fentanyl and
  • others.

ASAM 2018
Always

• Look up on WebMD or AND DETERMINE IF DRUG IS ADDICTIVE

• If it is-- over time pain reducing capacity lessens leading to overuse leading to addiction!!!!
Deaths from Opioid Overdoses MA

• 143 deaths a day in US in 2015
• 2017 4 deaths a day in MA
• In 2014 deaths had increased 33% over the previous year
• Between 2000 and 2013 death rate had increased 273%
Biggest risk group

• According to CDC report released Nov 2017—adults between 45-54

• 4 out of 5 people addicted to opioids started off using prescribed painkillers (ASAM 2016)

• 2012 Wall St Journal published “Pain as the Fifth Sign”
Figure 2. Drug overdose death rates, by age group: United States, 1999–2015

1Significant increasing trend, p < 0.005.
2Rate for age group 45–54 in 2015 was significantly higher than for any other age group, p < 0.001.
So why big increase
1980-1990

• Russell Portenoy MD
• Memorial Sloan-Kettering Hospital NYC
• Chairman of Pain and Palliative Care Beth Israel Medical Center NYC
• “King of Pain” - Time Magazine
Pain as 5\textsuperscript{th} sign
“In 1986, at the age of 31, he (Dr Portenoy) co-wrote a seminal paper arguing that opioids could also be used in the much larger group of people without cancer who suffered chronic pain. The paper was based on just 38 cases and included several caveats.”

-Wall Street Journal Dec 15 2012
Dr. Portenoy helped write a landmark 1996 consensus statement by two professional pain societies that said there was little risk of addiction or overdose among pain patients. In lectures he cited the statistic that less than 1% of opioid users became addicted.

Between 2000 and 2013 opioid death rate increased 273% -CDC statistic
“Today, even proponents of opioid use say that figure was wrong. "It's obviously crazy to think that only 1% of the population is at risk for opioid addiction," said Lynn Webster, president-elect of the American Academy of Pain Medicine, one of the publishers of the 1996 statement. "It's just not true."

Wall Street Journal 2012
“Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did," Dr. Portenoy said in an interview with The Wall Street Journal. "We didn't know then what we know now."
Multiple reasons for Overdose Crisis

- Lack of patient and doctor education
  - Over prescribing
  - Less experienced users
  - Purer more plentiful drugs
  - Potent drug combos
- Street drugs cheaper than prescription pain killers
  - Shorter treatment protocols in detox
  - Many have not done relapse history
- AND I think—lack of client awareness that physical symptoms of withdrawal intermittent and lengthy: PAWS
Categories of Prescription Drugs Abused

• Between 1991 and 2010 prescriptions for stimulants went from 5 million to 45 million 11% increase

• Painkillers from 75.5 million to 209.5 million! 35% increase
Enough of a “shutting down” drug

• Reduces awareness and focus
• Slows breathing and finally
• Shuts down brain stem and other vital’ functions
• Addiction.. with continued use
• Then death
Pain relief alternatives to avoid addictive drugs includes Motrin 900 (Ibuprofen), Advil AND.....
Homeopathic remedies for pain relief
Back pain relief video “I feel like new money!”
Acute – Chronic- Epidemic prescribing

• **Acute** self limiting
• **Chronic** long standing – reoccurring
• **Epidemic**- similar symptoms with entire group of people
Acute fin of whale
Chronic-whole whale
Epidemic- the group
For Acute Pain

*****Bibliography of Acute books at end of power point

- Try 1st aid remedy
- Remedy in glass of water (30c, 12 c)
- Dose 15 min x3 if no response change remedy
- Use books to give ideas and match ****
- Take case
- Repertorize
Some Homeopathics which reduce **acute** pain

- **Arnica**
- **Ledum**-puncture-tooth
- **Ruta** muscle. joint pain
- **Staphaphagria** tooth-post surgical pain,
- **Ignatia, Nat mur** emotional pain

- Use an acute approach for newly emerging pain
Chronic Pain

• Needs **professional** workup

• **Jigsaw puzzle** of patient: NWS, CC, other conditions/symptoms, head to foot survey, modalities. Repetorized and analyzed
Other Non opioid allopathic pain medications

• Anticonvulants (Gabapentin (Neurontin) Lyrical Tegratol
• Tricyclic anti depressants Elavil , Norpramin
• SNRI antidepressants Cymbalta (withdrawal not as difficult) Effexor (withdrawal difficult)
• Therapy before opioids: CBT-Hypnosis-Meditation-Thought Field Therapy
So what happens when a person with an addiction stops using???
Immediate symptoms of drug withdrawal

• Nausea
• Vomiting
• Diarrhea
• Shakes
• Body pain-spasms
• Can include: seizures, hallucinations, multiple physical and emotional responses
• SEVERE cravings
• If severe enough withdrawal can cause death (alcohol and benzodiazepines)
The **major goal of medical detoxification** is to avoid seizures and a special state of delirium called delirium tremens (DTs) with aggressive use of the primary detoxification drug. Death and disability may result from DTs or seizures without medical care.

Not all addictive drug withdrawal is life threatening but extremely difficult nonetheless.
Other medications used as needed in detox

- Barbiturates
- Anticonvulsants
- Beta blockers/alpha adrenergic agonists
- Antipsychotics
- Relapse prevention agents: Suboxone (Buprenorphine / Naloxone), Subutex, Vivatrol
Standard Medical Treatment for addiction

1. Detox - period for addictive drugs use: **3-5 days**
2. Use of other drugs (benzodiazepines: Valium, Ativan etc) to **stabilize the body**
3. Gradual **withdrawal of benzo’s**
4. Often **Medically Assisted Rx** used (methadone etc)
5. Allowing **body neurotransmittic** system to gradually rebuild
6. **PAWS**- days-weeks-month these are the symptoms experienced while NT system rebuilding
7. Use of support groups, counseling **during process**
Medically Assisted Treatment

• Methadone-daily dosing 80-120 mg—detoxing VERY difficult
• Suboxone doctors script-not usually with extra support via counseling
• Vivitrol- monthly injection-must be 7-14 days opioid free before injection to avoid SUDDEN withdrawal
• Naloxone-nasal inhalant stops withdrawal immediately—however cravings ensue-emergency 1st aid
Herbal: Ibogaine

- Class One Drug in **US-Not a legal** substance
- Research moving forward—May 2017 NY University School of Medicine-Brown and Alper
- **Legal in Canada**, Mexico, UK, South Africa and the Netherlands
- Long term craving reduction, elimination
- Homeopathic dose: *Tabernanthe Iboga* (Iboga)
PAWS -

• **Physical**: cravings-symptoms
• **Mental**: obsessions-fixations
• **Emotional**: irritability-resentment-highs and lows
• **Spiritual**: disregard-cynicism-distain
• **Consciousness**: blankness-lack of awareness
Relief from Addiction AND PAWS

• **Physical**: ease-return of appetite-sleep-well being
• **Mental**: clarity-memory-decision making capacity
• **Emotional**: equilibrium-emotions appropriate to event-evenness
• **Spiritual**: wonder, gratitude, ability to experience awe
• **Consciousness**: being present-noticing-choosing different behaviors
Relapse prevention framework for client

• What is *my relapse history* and pattern

• Acknowledging PAWS—what are *my specific symptoms of physical recovery*

• Developing tools and strategies to cope with life on life’s terms—with emphasis on the range of adjuncts from the complementary/integrative field

• Monitoring my stability

• That recovery is a **step by step** process: *Acceptance* of my illness- *Repairing damage* to self and others- *Helping other* people
A framework because

• Client’s access to a healthy and fully functional **prefrontal lobe** has been sidetracked and impaired by **high jacked neurotransmitters**

• A large majority of clients have **trauma histories** which influence their information processing and memory

• A step by step, **muti sensory approach**, with frequent repetition is needed for pattern change:
  - debriefing
  - awareness
  - new skills-practice-
  - reinforcement-practice
Skill development

- Unconscious incompetence
- Conscious incompetence
- Conscious competence
- Unconscious competence

-attributed to Maslow

Developed by Noel Burch at Gordon Training International CA
Quality of Life Changes During Treatment
*(Bell et al. 2003)*

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The new “normal”
Integrative Approaches at different stages of treatment

• Detoxification: acupuncture, herbal, homeopathy
• PAWS: Consciousness, acupuncture, homeopathy, imagery, yoga, tai chi, self help groups
• Rehabilitation: full range of integrative approaches
• Relapse Prevention: full range
Homeopathy
Homeopathy during or post detox

- Withdrawing from alcohol and some addictive drugs **LIFE THREATENING**
- Best to use traditional medical detox in conjunction with homeopathy rather than homeopathy alone as detox protocol
Homeopathy for Addictive Disease

ACUTE - PAWS

• Nux vomica
• Opium-other drug specific remedies
• Using modalities and symptoms for acute relief

Post acute

• Full chronic workup
• Head to foot
• CC other than drug cravings
• NWS when drug use began (abuse, rape, loss etc) “ Ailments from “
Few specifics

- **Acute remedy can be used with other allopathic** medicines (methodone etc)—use remedy in water—multiple doses as needed per day

- **Constitutional treatment** can commence as soon as some reduction in cravings—dose of Constitutional dry 200 or 1M

- **Even after constitutional—continue acute dosing** for PAWS as needed

- **Review constitutional** 1 week-2weeks-3 weeks—then as needed
My prescribing practice for addiction

• Use Nux vomica immediately multiple times a day for cravings - 200 c in 8 oz water sip as needed
• Client education about roller coaster of PAWS
• As soon as client experience some relief do a complete workup: NWS (drug use beginning,) Head to foot, personality traits—keeping drug addiction to a minimum in repertorization
• Take constitutional remedy and continue Nux vomica as needed for cravings
• More frequent check ins during first 6 weeks—texts-phone call, emails
Research
Bibliography for Addiction Treatment Integrative Approaches: available from NCH or lbutehornnch@gmail.com
Nux vomica

- Controlled study rats and alcohol
- 15 day protocol
- Choice of alcohol and non alcohol bottles
- Significantly reduced alcohol intake rats having Nux

Recent study of laboratory mice and anxiety

- Comparing use of Diazepam (Valium) and Gelsenium (homeopathic made from Jessamine plant)
- Significant reduction in anxiety with homeopathy-superior to Valium results

Homeopathic Doses of Gelsemium sempervirens Improve the Behavior of Mice in Response to Novel Environments

Evidence-Based Complementary and Alternative Medicine, Vol 2011 Art ID 362517. Paolo Bellavite,1 Paolo Magnani,1 Elisabetta Zanolin,2 and Anita Conforti Department of Morphological Biomedical Sciences (Chemistry and Microscopy Section), University of Verona, Verona
Homeopathy for PAWS

• Since 2006 in 3 different programs a simple homeopathic protocol reduced PAWS symptoms 87% (n=901)
  
• **Program one** completed program 66% H vs 33% NH

• **Program two** completed program 64% H vs 36% NH

• **Program three**: Relapse rates/leaving treatment AMA was 40% non H versus 24% H

**Homeopathic protocol:** Nux vomica 3 pellets in 8 oz water—using as need for cravings—typically 1-3 doses for effectiveness.
What homeopathy can do to help opioid crisis

• Provide non addictive remedies for pain relief
• Reduce PAWS for early recovery
• Provide non liver affecting treatment for life’s common maladies (colds, flus, menses, headaches etc...)
• Motivates clients to seek treatment
In summary

• All health consumers should be aware of risks and benefits of any treatment

• Help clients clearly understand PAWS and prepare for “roller coaster of symptoms” with coping tools

• Do a relapse history with clients to alert them to their personal pitfalls

• In early recovery Consciousness/Mindfulness-Tai Chi-Acupuncture-Yoga-Imagery and Homeopathy are the most useful integrative approaches

• Consider using the simple protocol of homeopathic Nux vomica in water as needed as for severe cravings to minimize immediate relapse
Bibliography

• Hershoff, A. *Homeopathic Remedies: A Quick and Easy Guide to Common Ailments and Their Homeopathic Treatment*
• Kerieipp, S. *The Parents Guide to Homeopathy*
• Ravi and Ravi *Homeopathic Guide for Travelers*
• Ullman, D. *Homeopathic Family Practice Ebook*
I will be doing a more extensive presentation on this topic using pre and post homeopathic treatment client video.
Thank you--questions