

Non-Opioid Treatments to Support Opioid Recovery



Craig Strickland, PhD

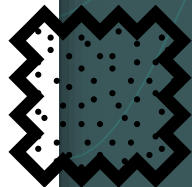
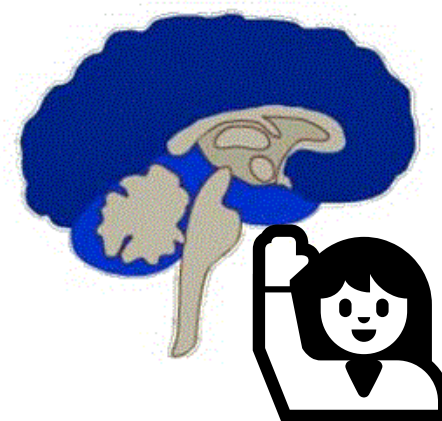
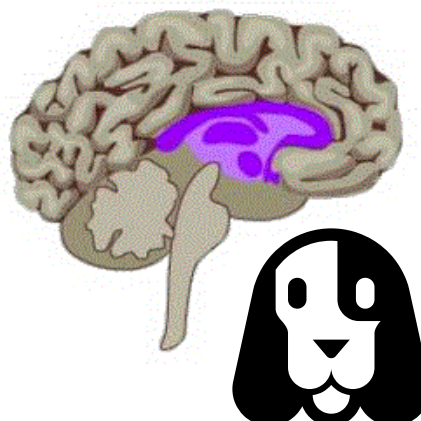
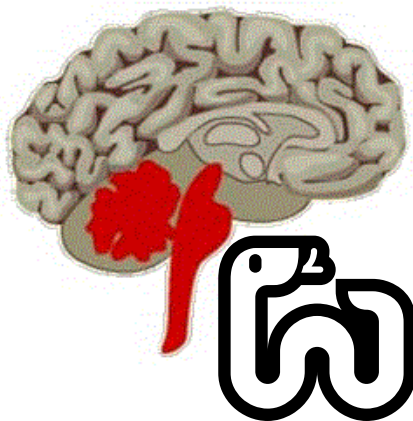
<http://sites.google.com/site/bioedcon>

(Thank you to Ms. Winden Rowe, LPC
for use of some slides)

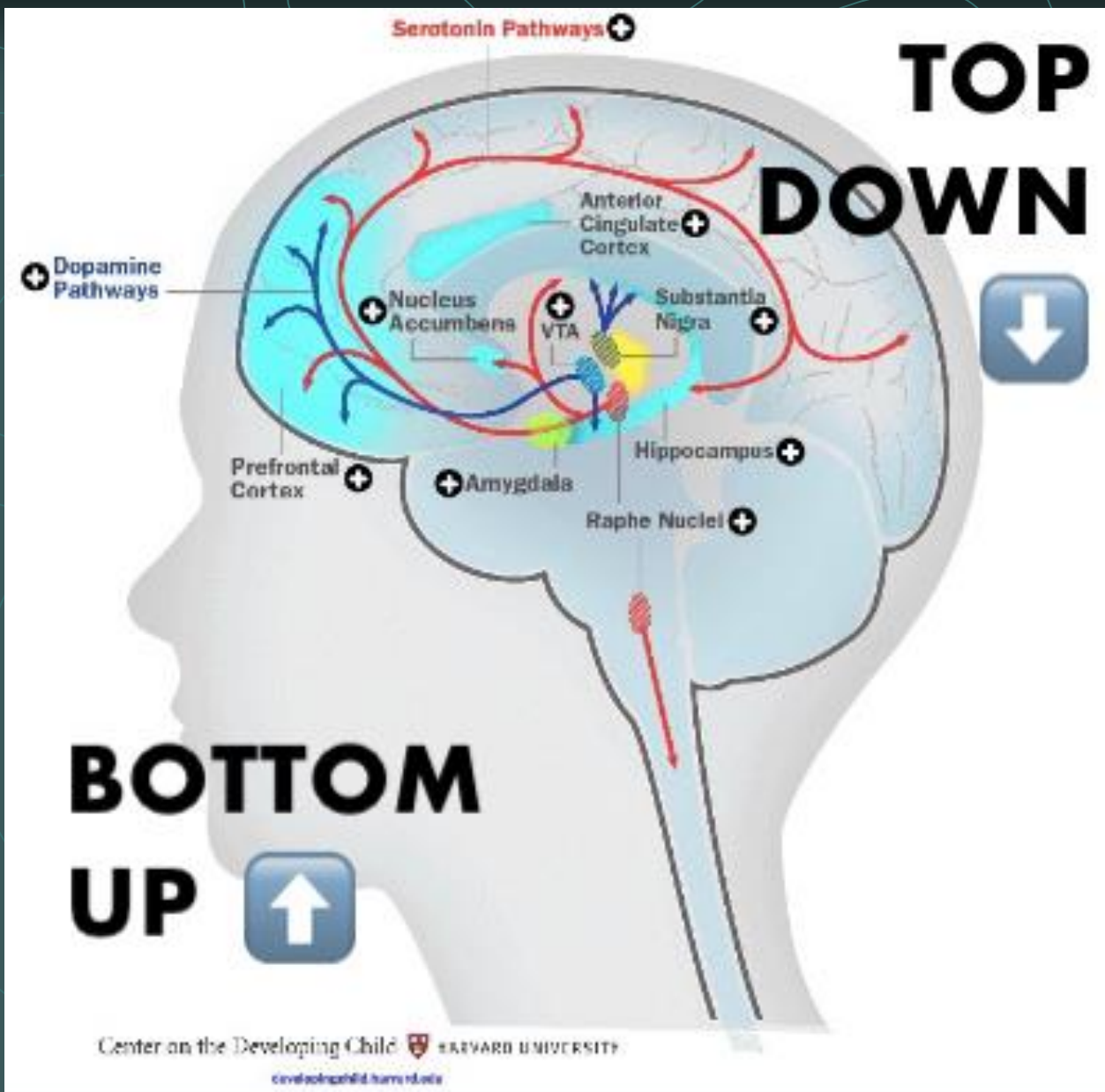
Triune brain theory using animals: Trauma or Addiction?

Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



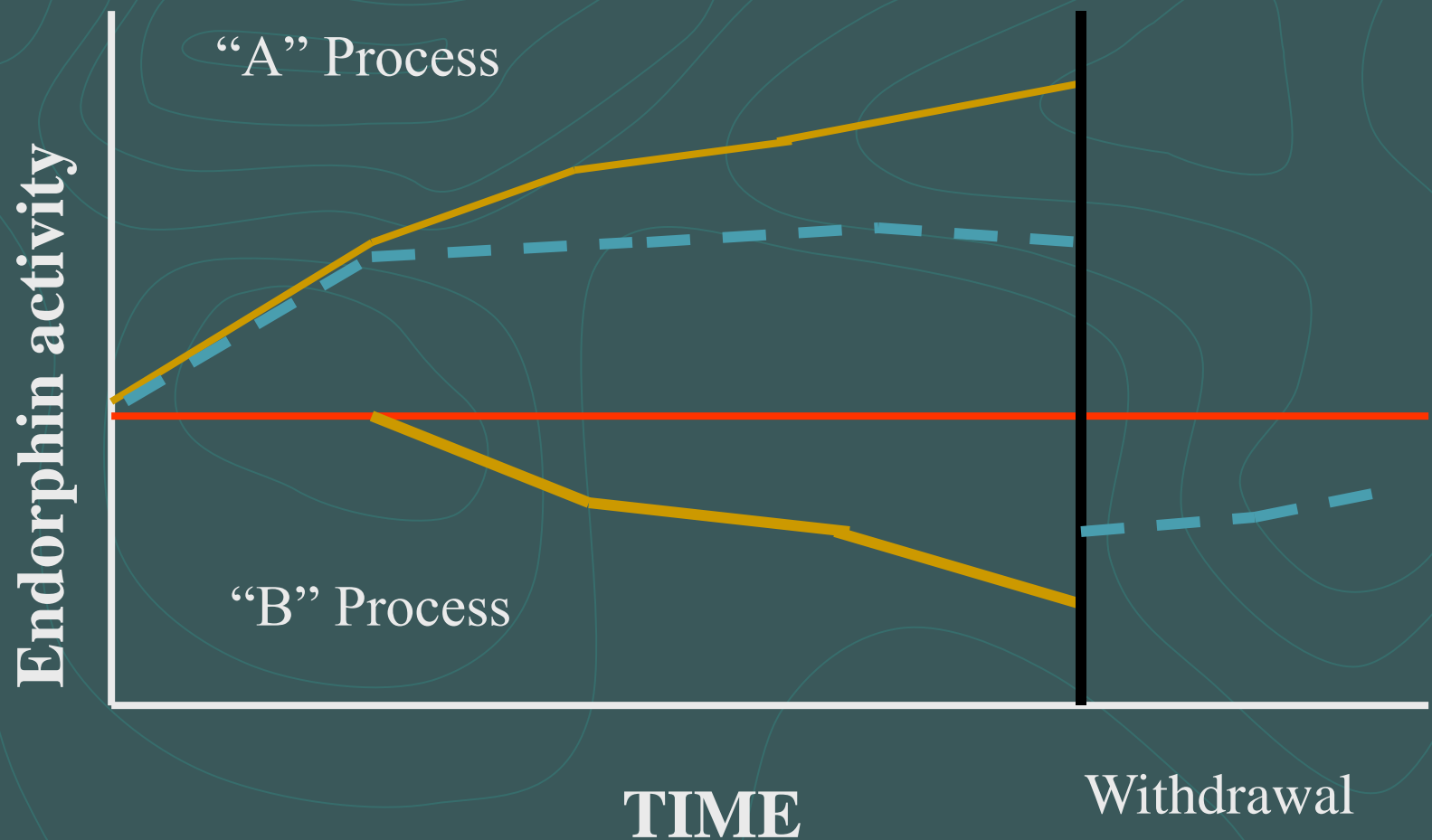
The Triune Brain in Evolution, Paul MacLean, 1960



Tolerance & Withdrawal: The “B” Process



The “B” Process & tolerance/withdrawal



Opioid agonist Withdrawal

- Withdrawal Symptoms: symptoms are not life threatening but are intense
 - Restlessness, high anxiety, irritability
 - Drug craving, dysphoria, depression
 - Sweating, chills, fever, intense aches and pains
 - Retching, cramping, explosive diarrhea & vomiting
 - Increased respiration
 - Sleep disruption
- “Kicking the habit”

Treating symptoms of opioid withdrawal and beyond



Anxiety/Depression

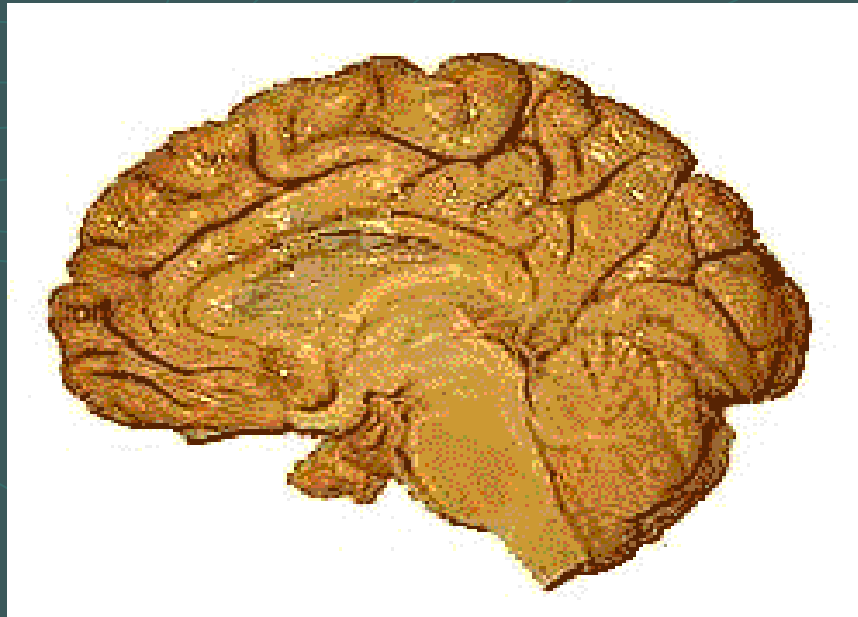
- Reduce more peripheral NE (Inderal, Clonidine, etc.)
 - May help reduce severity of sympathetic nervous system-related symptoms during withdrawal (e.g. the fight or flight symptoms)
 - Does not prevent seizures
 - Mild effect on “subjective” states of anxiety
 - Does not prevent the symptoms
- Tricyclic antidepressants (TCAs)
 - Can produce sedative effect (helps with sleeping)
 - Can reduce anxiety/depression for some clients
 - Could lower seizure threshold
 - Substantial side-effect profile

Anxiety/Depression (cont.)

● Treating anxiety with SSRIs:

- May help with reduce impulsivity/compulsivity
- Reduce (pre-existing) depression and anxiety; should start early in treatment (SSRIs may take several weeks to start being effective)
- “Safer” than TCAs when used with substances of abuse
- Downside:
 - Can produce transient but immediate anxiety symptoms
 - Can make GI symptoms of withdrawal worse

Mood Disruption



Anti-convulsant mood stabilizers

● carbamazepine (Tegretol)

- Provides anti-convulsant effect
- Stabilize mood
- May need to monitor WBC count
- May decrease blood level of methadone due to hepatic enzyme induction (carbamazepine does not “play well with others”)

Anti-convulsant mood stabilizers (cont.)

● gabapentin (Neurontin)

- Not approved as mood stabilizer but may have this effect
- Has a GABAergic mechanism
 - May provide mild anti-anxiety effect
 - May be used in polydrug withdrawal
 - Has anti-convulsant effect
- Can reduce certain types of pain
- Not metabolized in the liver
(fewer drug-drug interactions)
- Abuse potential

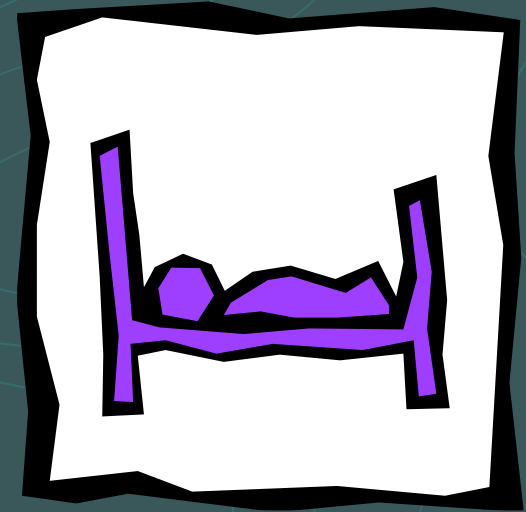


Sleep Disorders



Classification of Sleep Disorders: Secondary to other conditions

- Psychiatric Disorders
- Drug or alcohol use
- Psychiatric medications
- Medical disorders (e.g. respiratory; cardiac)
- Medications for medical disorders
- Pain syndromes



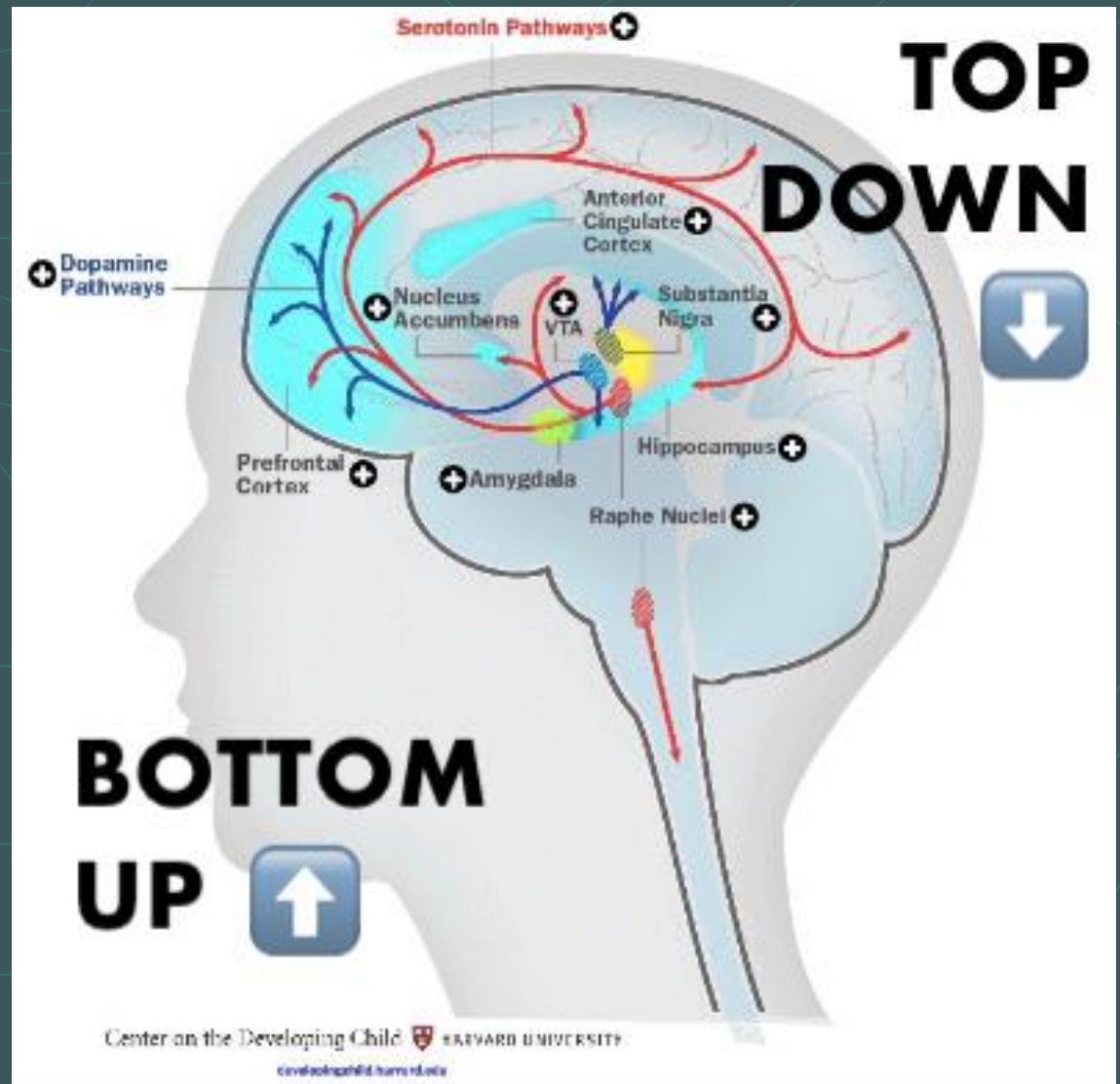
Medications used to regulate sleep

- Ambien/Ambien CR
- Lunesta
- Sonata
- Chloral hydrate
- Hydroxyzine
(Vistaril; Atarax)
- Rozerem
- Benzodiazepines (BZDs)
 - Restoril
 - Ativan
 - Other BZDs
- Sedating anti-depressants
- Anti-histamines
- Sedating anti-psychotics

How do sleep aids work?

<u><i>BZDs</i></u>	<u><i>BZD-like meds.</i></u>	<u><i>Anti- histamines</i></u>	<u><i>Melatonin agonists</i></u>	<u><i>Unknown</i></u>
Restoril	Ambien	Benadryl	Rozerem	Choral Hydrate
Ativan	Sonata	Vistaril	Melatonin supplements	
Other BZDs	Lunesta	Atarax		
		Desyrel (trazodone)		

I'm back...



STAGE 1 IMPACT OF TRAUMA/ADDICTION

- Brain stem activity - hindbrain
 - Instinctual reactions
 - Autonomic dysregulation
 - Heartrate elevates
 - Shallow breathing
 - Slowed digestive processes
 - Hypertension
 - Swallowing
 - Blood pressure



STAGE 1 STRATEGIES AND TECHNIQUES

AWARENESS - “REALIZATION OF A SITUATION”

- Brain stem responses - need to relearn regulation – CONTAINED
- Stabilization and Safety
- Yoga
- Breath work
- Pharma
- Others



STAGE 2 STRATEGIES AND TECHNIQUES - ACCEPTANCE

- The midbrain- limbic system
- Remembrance and Mourning - less containment
- Eye Movement Desensitization & Reprocessing (EMDR)
- Guided meditation/imagery
- Timelining



STAGE 3 IMPACT OF TRAUMA/ADDICTION

- The forebrain
 - Recalling facts and information
 - Accurate details of events
 - Recognition of time
 - Language
 - Social isolation



STAGE 3 STRATEGIES AND TECHNIQUES- ADOPTION: “TO ACCEPT FORMALLY AND PUT INTO EFFECT”

- The forebrain
- Meaning and reconnection – open processing
- TFCBT
- Posttraumatic/addictive growth



Image borrowed from Happy OnePlus Forums online, 2016