

Happy Holidays!

We hope your holidays are filled with joy and gladness. As we reflect on this year and enter 2012, we want to thank you for your continued partnership and efforts to improve the lives of those facing mental health and addiction issues.

Special Events

January 5, 2012 6:30pm - 7:45pm
Evening with an Eating Disorders Expert: Participants will be able to perform an appropriate clinical screening for Binge Eating Disorder.
 Presenter: **Anna Guerdjikova, PhD, MSW**
 Lindner Center of HOPE Gymnasium

January 4, 2012 10:00am
Internet Addiction
 Presenter: **Chris Tuell, EdD, LPCC-S, LICDC**
 Big Brothers Big Sisters of Greater Cincinnati.
 513-421-4120 or www.bigsforkids.org

January 17, 2012 1:00pm
Addiction
 Presenter: **Chris Tuell, EdD, LPCC-S, LICDC**
 Veteran Apothecaries Association of Cincinnati, 10160 Reading Road, Evendale, Ohio. 513-721-3707

January 21, 2012 1:00pm - 3:00pm
Cheers to Art Fundraiser
 NAMI Warren County, for information 513-695-3650. Lindner Center of HOPE Gymnasium
www.cheerstoaart.com/calendar

January 24, 2012 7:00pm
For Adults with ADHA and Addictions
 Presenter: **Chris Tuell, EdD, LPCC-S, LICDC** & **Todd Palumbo, MD.** Children & Adults with Attention Deficit Disorder (CHADD), 735 Reading Rd, Mason. www.chadd.net/648

February 7, 2012 Noon - 1:00pm.
Family Based Treatment: For the family and adolescent suffering from Bulimia Nervosa.
 Presenter: **Scott K. Bullock, MSW, LISW-S**
 Mental Health America-Southwest Chapter, 2400 Reading Rd. 513-721-2910

Interested in touring Lindner Center of HOPE?

Contact Terri Ann Fredette at 513-536-0328 or Katie Hamm at 513-536-0324.



The annual National Survey on Drug Use and Health, released by SAMHSA indicated an increase in illicit drug use among Americans between 2008 and 2010, showing that 23 million Americans 12 or older were current illicit drug users. An estimated 5.2 million people used prescription pain relievers for nonmedical reasons.

Among the survey's noteworthy findings is 55-percent of persons aged 12 and older who had used prescription pain relievers non-medically in the past 12 months received them from a friend or relative for free. "We stand at a crossroads in our nation's efforts to prevent substance abuse and addiction," said SAMHSA Administrator Pamela S. Hyde. "These statistics represent real lives that are at risk from the harmful and sometimes devastating effects of illicit drug use," said Hyde.



"Illicit drug use, substance use disorders and behavior addictions pose major consequences for the individual, their family and the community," said **Chris Tuell, EdD, LPCC-S, LICDC**, Coordinator of Addiction Services at Sibcy House and Lindner Center of

HOPE. "We are seeing more substance misuse occurring with prescribed pain medications such as OxyContin" Dr. Tuell said. "Addiction can lead one's behavior to the point of being out of control, compulsive, and continued use of the substance despite the negative consequences it has for his or her life", Dr. Tuell said.

"Substance use disorders and behavior addictions such as gambling, sex, and video gaming are equally challenging and can tear families apart. Addiction is a chronic illness and thus can

re-appear during times of stress," said Dr. Tuell. "When addiction is present, it typically co-occurs with mental illness making it challenging for practitioners. To effectively serve individuals with co-occurring disorders, clinicians should utilize a comprehensive diagnostic assessment and an integrated treatment process."

As in previous years, the 2010 survey also shows a vast disparity between the number of people needing specialized treatment for substance use problems and the number who actually receive it. **According to the survey, 23.1 million Americans aged 12 or older needed specialized treatment for a substance use problem, but only 2.6 million or 11% received it.**

If we understand there is a connection between hypertension, stroke, and heart disease then why is it more difficult to understand the connection between mental illness, behavioral health and substance use disorders? "Years ago, substance misuse was considered a moral issue, a person's lack of will power," said Dr. Tuell. "Today, through years of scientific research we better understand the complexities of the brain, its reward system and how the disease of addiction impacts brain chemistry. **Addiction literally high-jacks the brain's reward system, and the best practitioners understand this is not merely about bad behavior and choices, but rather neurological issues,"** Dr. Tuell said.

Additionally, it can be difficult for primary care physicians to accurately diagnose addiction. As indicated in the Missed Opportunity: National survey of primary care physicians and patients on substance abuse conducted by University of Illinois at Chicago and Columbia University, ninety-four

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HOT TOPIC

By taking replacement therapy, are substance abuse patients simply trading an addiction to a drug like heroin or opioids for an addiction to another drug?

Nora Volkow, Director of the National Institute on Drug Abuse (NIDA) testified to the U.S. House of Representatives on treating addiction as a disease and the promise of medication-assisted recovery. Along with her colleagues, Dr. Volkow presented NIDA's perspective on the opportunities and barriers to the development of addiction medications and their integration into substance abuse treatment. She discussed issues surrounding medication discoveries that could serve as the basis for new approaches to medication development and their role in recovery.



Todd N. Palumbo, MD, MBA

Medical Director, SIBC House at Lindner Center of HOPE

Dr. Todd Palumbo's comments:

I agree with her statements that we have a public health mandate to stop the devastation of drug abuse and addiction that afflicts this country. Medications to treat addiction can go a long way to achieving this end. A recent report from Centers for Disease Control and Prevention finds that drug-induced deaths, mainly from opioid pain reliever overdose, more than tripled from 4,000 in 1999 to 13,800 in 2006. Something needs to be done to stop this and often combining replacement therapy such as Suboxone treatment with motivational therapy and cognitive behavioral therapy is the best approach.

Since Suboxone contains buprenorphine it is also an opiate and thus can be addictive. However, the misconception about using one drug of abuse for another is really just that—a misconception. Through research we know that addiction is a disease of the brain and genes can contribute to risk factors. Addiction disrupts the function of specific

neuro-transmitters and brain circuits and eventually, with repeated drug exposure, they become recalibrated. It results in a cycle of dysfunction and since opiate-addiction creates long lasting chemical changes in the brain, addicted individuals require medication in order to correct these changes. At recommended doses, patients using replacement therapy can participate in daily activities without the cravings or withdrawal pains that heroin, opium and pain relievers such as OxyContin and Vicodin can cause.

Addiction is complicated. More than 85% of people with addiction have a mental illness. Therefore, as treatment professionals we have to understand all aspects of a person's illness. Not just the addiction but the underlying issues. While medications to treat addictions is important, access to these medications as well as other substance abuse treatment services is critical to improving outcomes for those struggling with substance use disorders.

Doctors Recognized With UC Faculty Service Award

Lindner Center of HOPE, Dr. Paul E. Keck, Jr., President and CEO and Dr. Susan McElroy, Chief Research Officer Honored for 20 Years of Faculty Service

The University of Cincinnati Academic Health Center, Office of Faculty Affairs honors faculty members who have dedicated 20, 25, 30, 35 and 40 continuous years of service. This year, at the Faculty Service Recognition Awards held December 8, 2011, Dr. Thomas Boat recognized Dr. Paul E. Keck, Jr. and Dr. Susan McElroy as faculty in the Department of Psychiatry and Behavioral Neuroscience for the past 20 years. Dr. Boat is Dean of the University of Cincinnati College of Medicine and Vice President for Health Affairs.



Dr. Paul E. Keck, Jr. is an internationally recognized researcher in Bipolar Disorder and psychopharmacology, is the author of over 500 scientific papers in leading medical journals and was the 7th most cited scientist in the world published in the fields of psychiatry and psychology over the past decade. As President and CEO of Lindner Center of HOPE, Dr. Keck provides leadership and direction for the overall operation of the Center.



Dr. Susan L. McElroy is an internationally recognized researcher and educator in bipolar disorder, eating disorders, obesity, impulse control disorders and pharmacology. Dr. McElroy has published more than 500 academic articles, books, abstracts and professional letters in the fields of psychiatry and clinical neurology. As Chief Research Officer at Lindner Center of HOPE she oversees multiple ongoing studies in bipolar disorder, major depression, obsessive compulsive disorder, genetics and binge eating disorder.

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percent of primary care physicians failed to diagnose substance use disorders properly.

"Patients, who are especially addressing issues of co-occurring disorders, respond best to a combination of pharmacological and behavioral interventions such as motivational enhancement therapy, cognitive behavioral therapy and community support. Treatment strategies, for even the most severe cases of addiction, can offer hope. But treatment can only begin after a complete and comprehensive diagnostic assessment has been conducted. Once a thorough assessment has been obtained, strategies can be formulated to assist the patient with his or her therapeutic needs," said Dr. Tuell.

Diagnosing an addiction often starts with the primary care physician; however a definitive diagnosis of addiction occurs after an evaluation by a psychiatrist, a psychologist or an addiction specialist.

Signs of Addiction

The Three C's

1. Loss of Control
2. Compulsion
3. Continued use despite the negative consequences